

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 31 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24686 (0)  
1. Corporation Name  
THE LATIN AMERICAN SOCIETY OF CENTRAL FLORIDA, I  
NC.

Principal Place of Business

Mailing Address

C/O ERVIN VILLANUEVA  
113 CRESTVIEW COURT  
DAVENPORT FL 33837

C/O ERVIN VILLANUEVA  
113 CRESTVIEW COURT  
DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1988	3a. Date of Last Report 08/01/1996
4. FEI Number 59-2872096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. WINTER HAVEN, FL Suite, Apt. #, etc. 22. City & State WINTER HAVEN FL Zip 33883 Country US	2a. Mailing Address 26. PO Box 2736 Suite, Apt. #, etc. 27. City & State WINTER HAVEN FL Zip 33883 Country US
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILLANUEVA, ERVIN  
113 CRESTVIEW CT.  
DAVENPORT FL 33837

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	VILLANUEVA, ERVIN	
STREET ADDRESS	113 CRESTVIEW COURT	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAGAN, LUIS	
STREET ADDRESS	2747 GALE ROSE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VEGA, DANIEL P.	
STREET ADDRESS	2260 ELLIS ROAD	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	UNDA, BRISELLE	
STREET ADDRESS	1807 NOTTINGHAM ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTIAGO, EDNA	
STREET ADDRESS	1812 3RD ST. S.E., APT B	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ANGELO	
STREET ADDRESS	1542 FOX RIDGE RUN, SW	
CITY-ST-ZIP	WINTER HAVEN FL	

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MILDRED LOPEZ	
1.3 STREET ADDRESS	350 E ECHO ST.	
1.4 CITY-ST-ZIP	LAKE ALFRED FL 33850	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE REQUIRED

7-25-97

CR2E037 (4/97)