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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Montem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24686 (0)

1. Corporation Name

THE LATIN AMERICAN SOCIETY OF CENTRAL FLORIDA, I
NC.

Principal Place of Business

Mailing Address

P.O BOX 2736
WINTERHAVEN FL 33883
US

P.O BOX 2736
WINTERHAVEN FL 33883
US

3. Date Incorporated or Qualified

02/05/1988

4. FEI Number

59-2872096

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 WINTER HAVEN FL

26 PO Box 2736 33883-2736

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 WINTER HAVEN, FL

23 Zip

Country

28 Zip

Country

24

25

29 33883-2736

30 U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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

same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

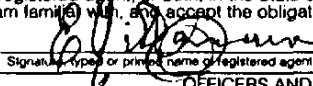
FL

85

Zip Code

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.

Vice President & Reg. Agent

2-28-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

V
NAME VILLANUEVA, ERVIN
STREET ADDRESS 113 CRESTVIEW COURT
CITY - ST - ZIP DAVENPORT FL

TITLE ☐ DELETE

D
NAME PAGAN, LUIS
STREET ADDRESS 2747 GALE ROSE DR
CITY - ST - ZIP LAKE LAND FL

TITLE ☐ DELETE

T
NAME VEGA, DANIEL P.
STREET ADDRESS 2260 ELLIS ROAD
CITY - ST - ZIP AUBURNDALE FL

TITLE ☐ DELETE

S
NAME LOPEZ, MILDRED
STREET ADDRESS 350 ECHO ST
CITY - ST - ZIP LAKE ALFRED FL

TITLE ☐ DELETE

D
NAME SANTIAGO, EDNA
STREET ADDRESS 1812 3RD ST. S.E., APT B
CITY - ST - ZIP WINTER HAVEN FL

TITLE ☐ DELETE

D
NAME GONZALEZ, ANGELO
STREET ADDRESS 1542 FOX RIDGE RUN, SW
CITY - ST - ZIP WINTER HAVEN FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I 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 if changed, or on an attachment with an address.

SIGNATURE: Gertrude H. Vega April 12, 1998 941-967-5522

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