FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34438** **(4)**

1. Corporation Name
LATIN AMERICAN IMMIGRANT AND REFUGEE ORGANIZATIO N, INC. (LAIRO)

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4623 FOREST HILL SUITE 109-2 WEST PALM BEACH FL 33415	4623 FOREST HILL SUITE 109-2 WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified: **10/02/1989**
3a. Date of Last Report: **03/21/1994**
4. FEI Number: **65-0133693** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CLEMENCIA ORTIZ
8 CASTON WAY
BOYNTON BEACH, FL 33462

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 04/14/95
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	~~D~~	1.1 TITLE	D	☐ Change ☒ Addition
NAME	~~SHEILA ACEVEDO~~	1.2 NAME	SANDRA PORTA-MERIDA	
STREET ADDRESS	~~3295 A GARDENS EAST DRIVE~~	1.3 STREET ADDRESS	18931 La Costa Lane	
CITY-ST-ZIP	~~PALM BEACH GARDENS FL~~	1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LAURENTI, LYNN	2.2 NAME		
STREET ADDRESS	8329 A. TRENT CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	LUSTABADER, ROBERT	3.2 NAME		
STREET ADDRESS	3335 JOG PARK DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP		
TITLE	~~D~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~DONNELLY, BRIAN~~	4.2 NAME		
STREET ADDRESS	~~6701 HATTERAS DRIVE~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~LAKE WORTH FL~~	4.4 CITY-ST-ZIP		
TITLE	M	5.1 TITLE		☐ Change ☐ Addition
NAME	ORTIZ, CLEMENCIA	5.2 NAME		
STREET ADDRESS	8 CASTON WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is ~~voluntarily furnished and~~ 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: CLEMENCIA ORTIZ, M.A. EXECUTIVE DIRECTOR APRIL 14, 1995 (407)966-4515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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