

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N34438 (4)

1. Corporation Name

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



Principal Place of Business

4623 FOREST HILL  
SUITE 108-2  
WEST PALM BEACH FL 33415

Mailing Address

4623 FOREST HILL  
SUITE 108-2  
WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified  
10/02/1989

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMENCIA ORTIZ

~~8 EASTON WAY~~

BOYNTON BEACH, FL 33462

81 Name  
CLEMENCIA ORTIZ

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

83

84 City  
BOYNTON BEACH

FL 85 Zip Code  
33462

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~D~~ ☐ DELETE  
NAME PORTA-MERIDA  
STREET ADDRESS 18931 LA COSTA LANE  
CITY-ST-ZIP BOCA RATON FL

TITLE ~~D~~ ☐ DELETE  
NAME LAURENTI, LYNN  
STREET ADDRESS 8329 A. TRENT CT.  
CITY-ST-ZIP BOCA RATON FL

TITLE ~~+~~ ☐ DELETE  
NAME ~~LUOTABADER, ROBERT~~  
STREET ADDRESS ~~8885 JOC PARK DRIVE~~  
CITY-ST-ZIP ~~LAKE WORTH FL~~

TITLE M ☐ DELETE  
NAME ORTIZ, CLEMENCIA  
STREET ADDRESS ~~8 EASTON WAY~~  
CITY-ST-ZIP BOYNTON BEACH, FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D ☐ Change ☐ Addition  
1.2 NAME PORTA-MERIDA, SANDRA  
1.3 STREET ADDRESS 18931 LA COSTA LANE  
1.4 CITY-ST-ZIP BOCA RATON FL 33496

2.1 TITLE C/D ☐ Change ☐ Addition  
2.2 NAME LAURENTI, LYNN K.  
2.3 STREET ADDRESS 8329 A. TRENT CT.  
2.4 CITY-ST-ZIP BOCA RATON, FL 33433

3.1 TITLE D ☐ Change ☐ Addition  
3.2 NAME MEEHAN, ANNA C.  
3.3 STREET ADDRESS 13533 NORTHUMBERLAND CR.  
3.4 CITY-ST-ZIP WELLINGTON, FL 33414

4.1 TITLE M ☐ Change ☐ Addition  
4.2 NAME ORTIZ, CLEMENCIA  
4.3 STREET ADDRESS 36 BUXTON LANE  
4.4 CITY-ST-ZIP BOYNTON BEACH, FL 33462

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 24, 1996 (407)966-4515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)