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May 06 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 # N34438 (4)			
1. Corporation Name LATIN AMERICAN IMMIGRANT AND REFUGEE ORGANIZATION, 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 33415-9120	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent CLEMENCIA ORTIZ 38 BUXTON LANE 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 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 4/18/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE SD		1.1 TITLE D	
NAME PORTA-MERIDA, SANDRA		1.2 NAME HEISSE, JANET	
STREET ADDRESS 18931 LA COSTA LANE		1.3 STREET ADDRESS 222 ARKONA COURT	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401	
TITLE CD		2.1 TITLE CD	
NAME LAURENTI, LYNN		2.2 NAME LAURENTI, LYNN	
STREET ADDRESS 8329 A. TRENT CT.		2.3 STREET ADDRESS 8329 A. TRENT CT.	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP BOCA RATON FL	
TITLE D		3.1 TITLE D	
NAME MEEHAN, ANNA C.		3.2 NAME MEEHAN, ANNA C.	
STREET ADDRESS 13533 NORTHUMBERLAND CR		3.3 STREET ADDRESS 13533 NORTHUMBERLAND CR	
CITY-ST-ZIP WELLINGTON FL		3.4 CITY-ST-ZIP WELLINGTON FL	
TITLE M		4.1 TITLE M	
NAME ORTIZ, CLEMENCIA		4.2 NAME ORTIZ, CLEMENCIA	
STREET ADDRESS 38 BUXTON LANE		4.3 STREET ADDRESS 38 BUXTON LANE	
CITY-ST-ZIP BOYNTON BEACH, FL		4.4 CITY-ST-ZIP BOYNTON BEACH, FL	
TITLE 		5.1 TITLE 	
NAME 		5.2 NAME 	
STREET ADDRESS 		5.3 STREET ADDRESS 	
CITY-ST-ZIP 		5.4 CITY-ST-ZIP 	
TITLE 		6.1 TITLE 	
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 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 its 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 18, 1997 (561) 966-4511

CR2E037 (9/96)