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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
10/02/1989

4. FEI Number 65-0133693	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

**CLEMENCIA ORTIZ
36 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEISSE, JANET	
STREET ADDRESS	222 APKONA CT.	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	LAURENTI, LYNN	
STREET ADDRESS	8329 A. TRENT CT.	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEEHAN, ANNA C.	
STREET ADDRESS	13533 NORTHUMBERLAND CR	
CITY-ST-ZIP	WELLINGTON FL	

TITLE	M	<input type="checkbox"/> DELETE
NAME	ORTIZ, CLEMENCIA	
STREET ADDRESS	36 BUXTON LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARLEEN LUCENTE	
1.3 STREET ADDRESS	133 N. LAKESHORE DR.	
1.4 CITY-ST-ZIP	HYPOLUXO, FL. 33462	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANTAMARIA, MARGARITA	
2.3 STREET ADDRESS	142 68 82nd. LANE NORTH	
2.4 CITY-ST-ZIP	LOXAHATCHEE, FL. 33470	

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 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: **CLEMENCIA ORTIZ, M.A. EXECUTIVE DIRECTOR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/98

Daytime Phone # 0042298

CR2E037 (10/97)