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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34438

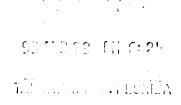
1. Corporation Name

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

Principal Place of Business 4623 FOREST HILL SUITE 100-2 WEST PALM BEACH FL 33415 Mailing Address

4623 FOREST HILL SUITE 108-2

WEST PALM BEACH FL 33415





Principal Place of Business			Mailing Address					Date Incorporated or Qualifed				
21		26	26				10/02/1989					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				FEI Number			Арр	lied For	
22		27	<u></u>				65-0133693			Not	Applicable	
City & Sta	te	28	City & State				Certificate of Statu	is Desired []	• -	.75 Ad ee Req	ddition al quired	
Zip	Country	Z _i p Country			Election Campaig	n Financing —	\$5	5.00 N	Jav Be			
24	25			30			Trust Fund Contri	~	Added to Fees			
Name and Address of Current Registered Agent							Name and Address of New Registered Agent					
				8	1	Name						
CLEMENCIA ORTIZ				82	82 Street Address (P.O. Box Number is Not Acceptable)				. ,			
36 BUXTON LANE			83									
BOYNTON BEACH, FL 33462			[8]									
				8	9	City			= ⁸⁵	Zip C	ode	
Pursuant	to the provisions of Sections 617.050)2 and 6	17.1508 Florida Statutes	s the above	.L.	-named c	orporation submits this state	ment for the purpos	e of changi	ng its r	egistered	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Floric	≰i Šuch change was aut Section 617.0503, Florid	thorized by da Statute	y tł s.	he corpor	ration's board of directors. I	hereby accept the ap	ppointment	as reg	istered	
	and becope the oblige		LIMENCIA ORT	12 F	1	in UTI	VE NIBELTON	Cori	C 6,	. 19	99	
SIGNATURE	Signification of pages printed name of registroom age	nt and title i	f applicable (NOTE R	tegistered Age	not s	signature rei,	jured when reinstating)					
	OFFICERS AN	D DIRE				···· r		. TOOLIGE				
TITLE	0		🔀 DELETE	1.1 TITLE			D		□ C+	ange	Addition	
NAME	LUCENTE, M			1 2 NAME			CARMONA, LIS					
STREET ADDRESS				13 STREE	ETA		423 FERN STRE					
CITY-ST-ZIP	HYPOLUXO FL 33462		14 CITY-S		ST-	ZIP 1	WEST_PALM BE	ACH, FL 3	3401		55 4444	
TITLE	D/S		☐ DELETE	2 1 TITL€		•			Cr	nange	Addition	
NAME	SANTAMARIA, M			22 NAME								
STREET ADDRESS				23 STREE								
CITY-ST-ZIP	LOXAHATCHEE FL 33470			2 4 CITY-ST-ZIP 31 TITLE					□ Cr	ange	Addition	
TITLE	D ANDREAS ANNA C		CI OCCCIE	3 2 NAME					L) 4.	C.igo		
NAME	Meehan, anna C. 13533 Northumberland Cr			33 STREE	т.	*DODE CC						
STREET ADDRESS CITY-ST-ZIP	WELLINGTON FL	1		34 CITY								
TITLE	M		[] DELETE	41 TOTLE	٠,١٠				□ Ch	ange	Addition	
NAME	ORTIZ, CLEMENCIA			4 2 NAME								
STREET ADDRESS	1			43STREE		ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH, FL			44 CITY-1								
TITLE	DOTTION BELLON, 12		DELETE	5 1 TITLE					□ Ch	ange	Addition	
NAME				52 NAME								
STREET ADDRESS				53 STREE	TA	NORESS						
CITY-ST-ZIP				5.4 CiTY-5	ST-2	ZIP						
TITLE	Allialac GANIC	∧1 #	A DI RELETE	6 1 TITLE					□ Ch	ange	Addition	
NAME	04/13/99 90065	024	CH. W.	6 2 NAME		İ	111				ļ	
STREET ADDRESS	•			63 STREE	ľA	ODORESS /	15 Shilac	gan.	0			
CITY-ST-ZIP				64 CITY-S	i T - 2	ZIP]	6 71717	, (~I <i>FH</i>)				

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 yiue 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 received of trustee empowered to execute this port as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

4/6/99 (361) 966-45/.