

FILE NOW: FILING FEE IS \$01.20

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 100-2  
WEST PALM BEACH FL 33415



Principal Place of Business		Mailing Address		Date Incorporated or Qualified	
21		26		10/02/1989	
Suite, Apt #, etc.		Suite, Apt #, etc.		FBI Number	
22		27		65-0133693	
City & State		City & State		Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29			
Country		Country			
25		30			

Name and Address of Current Registered Agent

CLEMENCIA ORTIZ  
36 BUXTON LANE  
BOYNTON BEACH, FL 33462

Name and Address of New Registered Agent

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

FL

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

*CLEMENCIA ORTIZ*  
Signature, if not printed name of registered agent and title, if applicable

CLEMENCIA ORTIZ, EXECUTIVE DIRECTOR

April 6, 1999

DATE

OFFICERS AND DIRECTORS

REGISTERED AGENTS AND DIRECTORS IN 12

TITLE	D	11 TITLE	D
NAME	LUCENTE, M	12 NAME	CARMONA, LISA
STREET ADDRESS	133 N LAKESHORE DR	13 STREET ADDRESS	423 FERN STREET, SUITE 220
CITY-ST-ZIP	HYPOLUXO FL 33462	14 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D / S	21 TITLE	
NAME	SANTAMARIA, M	22 NAME	
STREET ADDRESS	142 68 82 LN NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	MEEHAN, ANNA C.	32 NAME	
STREET ADDRESS	13533 NORTHUMBERLAND CR	33 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	34 CITY-ST-ZIP	
TITLE	M	41 TITLE	
NAME	ORTIZ, CLEMENCIA	42 NAME	
STREET ADDRESS	36 BUXTON LANE	43 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/99 (361) 966-451