FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N39402

1. Corporation Name

GRAN LOGIA MIXTA DE LENGUA ESPANOLA PARA LOS EE UU DE N. A. INC.

Principal Place of Business 4800 W. FLAGLER ST. SUITE 216

MIAMI FL 33134

Mailing Address 4800 W. FLAGLER ST.

SUITE 216 MIAMI FL 33134

FILED Apr 06, 1999 8:00 am Secretary of State

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2. Principal P	lace of Business 2a. Mailing Address		Date Incorporated or Qualifed		
21 2040	5.W. 123RD COURT 26 2040 S.W. 18	/ 08/03/1990			
Suite, Apt.			4. FEI Number	Applied For	
22	27		65-0268006	Not Applicable	
City & State City & State			5. Certificate of Status Desired	\$8.75 Additional	
23 MIAMI, FL 28 MIAMI, FL			5. Certificate of Ctatus Desireo	Fee Required	
Zip Country Zip Country			6. Election Campaign Financing	\$5.00 May Be	
24 331	75 25 U.S.A. 29 33175 30	u.s.A	Trust Fund Contribution	Added to Fees	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
		81 Name			
PUENTES	ALBERTO E.	82 Street Address (P.O. Box Number is Not Acceptable)			
ARON W. F	LAGLER ST.	2040 S.W. 123RD COURT			
MIAMI FL 33134					
			QE 7in Code		
		84 City FL 85 Zip Code 33/75			
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
11. Pursuant to the provisions of Sections of 17.0502 and of 17.1506, Fibrida Statutes, tile abovernance to 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 page of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, types of printed laws		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
12.	GITTOERIO ARIB BIRCEOTORIO		ADDITIONS/GIPARGES TO GITTEE: RE-	☐ Change ☐ Addition	
πLE	<u> </u>	TITLE			
NAME	POLITICO, ALBERTO C.	NAME			
STREET ADDRESS	2010 0:11. 12010 0:	STREET ADDRESS	•		
CITY-ST-ZIP	1/10/ 4/11 1 4	CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	D DELETE 2.1	TITLE		☐ Change ☐ Addition	
NAME	PUENTES, DAXIE-ISSE 22	NAME	•	1	
STREET ADDRESS	2040 S.W. 123RD CT 23	STREET ADDRESS		į.	
CITY-ST-ZIP	MIAMI FL24	CITY-ST-ZIP			
TITLE -	D DELETE 3.1	TITLE	•	☐ Change ☐ Addition	
NAME	RASOLETTI, JUDITH 32	NAME			
STREET ADDRESS	1000 100 000 000	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 3.4	. CITY-ST-ZIP			
TILE		TILE		☐ Change ☐ Addition	
NAME	. 4.2	NAME	•		
STREET ADDRESS	4.3	STREET ADDRESS			
CITY-ST-ZIP	4.4	CITY-ST-Z/P		`	
TITLE	DELETE 5.1	TITLE		☐ Change ☐ Addition	
NAME	5.2	NAME	,		
STREET ADDRESS	5.3	STREET ADDRESS			
CITY-ST-ZIP	5.4	CITY-ST-ZIP	,		
TITLE	DELETE 6.1	TITLE		☐ Change ☐ Addition	
NAME	. 6.2	NAME	·	1	
	6.3	STREET ADDRESS		}	
STREET ADDRESS		CITY-ST-ZIP		ł	
CITY-ST-ZIP			Section 119 07/3/(i) Florida Statutes I further cert	ify that the information	

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 informati 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.