

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40087** (1)

1. Corporation Name

**LEAGUE OF UNITED LATIN AMERICAN CITIZENS OF FLORIDA, INC.**



Principal Place of Business	Mailing Address
<b>714 SOUTH LOIS AVE. TAMPA FL 33609</b>	<b>714 SOUTH LOIS AVE. TAMPA FL 33609-4343</b>

3. Date Incorporated or Qualified <b>09/24/1990</b>	3a. Date of Last Report <b>02/26/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0333985</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, MATILDA  
714 SOUTH LOIS AVE.  
TAMPA FL 33609**

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

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARRERO, RAQUEL</b>	
STREET ADDRESS	<b>518 SW 88TH PLACE EAST</b>	
CITY - ST - ZIP	<b>MIAMI FL 33174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, MATILDA</b>	
STREET ADDRESS	<b>714 S. LOIS AVENUE</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>REYES, RAFAELA</b>	
STREET ADDRESS	<b>10512 WATERVIEW COURT</b>	
CITY - ST - ZIP	<b>TAMPA FL 33615</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SOSA, JAIME T.</b>	
STREET ADDRESS	<b>11011 NW 7TH ST. #203</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Vacant</b>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Rafaela Reyes</b>
3.3 STREET ADDRESS	<b>303 South Bungalow Park Ave</b>
3.4 CITY - ST - ZIP	<b>Tampa, FL 33609</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Rivera-Ruiz, Nicolas</b>
4.3 STREET ADDRESS	<b>206 Bedford St</b>
4.4 CITY - ST - ZIP	<b>Oldsmar, FL 34697</b>
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 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 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: *Matilda Garcia* **Matilda Garcia**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047713

CR2E037 (9/96)