

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41541** (6)

1. Corporation Name
LATIN QUARTER ASSOCIATION, CORP.

FILED
95 JUL 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
VICTOR PINZON 1532 SW 8TH STREET
1532 S.W. 8TH STREET 1532 S.W. 8TH STREET
MIAMI FL 33135 MIAMI FL 33135
US

3. Date Incorporated or Qualified **01/07/1991** 3a. Date of Last Report **05/12/1994**
4. FEI Number **65-0347507** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
ROJAS, ELIO
1532 S.W. 8TH STREET
MIAMI FL 33135

10. Name and Address of New Registered Agent
81 Name **Monica Costa**
82 Street Address (P.O. Box Number is Not Acceptable) **1532 SW 8th St.**
83
84 City **Miami** FL 85 Zip Code **33135**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **MONICA COSTA, C** DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	PEREZ, FORENTINO
STREET ADDRESS	1532 SW 8 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VC
NAME	APARICIO, ELOY
STREET ADDRESS	1532 SW 8 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	GUZMAN, ANRES
STREET ADDRESS	1532 SW 8 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VS
NAME	CORO, JUAN
STREET ADDRESS	1532 SW 8 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	DIAZ, CESAR
STREET ADDRESS	1532 SW 8 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VT
NAME	ALVAREZ, PEDRO
STREET ADDRESS	1532 SW 8 STREET
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Monica Costa D
1.3 STREET ADDRESS	1532 SW 8th St.
1.4 CITY-ST-ZIP	Miami, Fl. 33135
2.1 TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pedro Cepero Alvarez D
2.3 STREET ADDRESS	1532 SW 8th ST.
2.4 CITY-ST-ZIP	Miami, Fl. 33135
3.1 TITLE	Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Andres Guzman D
3.3 STREET ADDRESS	1532 SW 8th St.
3.4 CITY-ST-ZIP	Miami, Fla. 33135
4.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Eloy Aparicio D
4.3 STREET ADDRESS	1532 SW 8th St.
4.4 CITY-ST-ZIP	Miami, Fla. 33135
5.1 TITLE	Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cesar Diaz D
5.3 STREET ADDRESS	1532 SW 8th St.
5.4 CITY-ST-ZIP	Miami, Fl. 33135
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Juan Coro D
6.3 STREET ADDRESS	1532 SW 8th St.
6.4 CITY-ST-ZIP	Miami, Fla. 33135

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *[Signature]* DATE **6/22/95** DAYTIME PHONE # **(305) 642-9712**