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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41541** (6)

1. Corporation Name

LATIN QUARTER ASSOCIATION, CORP.

Principal Place of Business

1756 SW 8TH ST
#201
MIAMI FL 33135
US

Mailing Address

1532 SW 8TH STREET
1532 S.W. 8TH STREET
MIAMI FL 33135
US

3. Date Incorporated or Qualified

01/07/1991

4. FEI Number

65-0347507

Applied For
Not Applicable

2. Principal Place of Business

21 1532 SW 8TH ST

Suite, Apt. #, etc.

22 2nd Floor

City & State

23 Miami FL

Zip

24 33135

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

APARICIO, ELOY
1171 SW 8TH STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 C ☐ DELETE

NAME APARICIO, ELOY
STREET ADDRESS 1171 SW 8TH ST
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME BENITEZ, ENRIQUE
STREET ADDRESS 300 SW 12TH AVE
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME PEREZ, ELIO
STREET ADDRESS 1170 W 29TH STREET
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME VASALLO, AIDALINA
STREET ADDRESS 3120 W 8TH AVE
CITY-ST-ZIP HIALEAH FL

TITLE D ☐ DELETE

NAME FERNANDEZ, JOSE
STREET ADDRESS 300 SW 12TH AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME MORALES, JIMMY ESO.
STREET ADDRESS 201 S BISCAYNE BLVD, STE 3200
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11/98 305/6/2 9712

CR2037 (10/97)