

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90086 023 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N43752**

1. Corporation Name

**MIAMI GUATEMALA LIONS CLUB, INC.**

Principal Place of Business

61 MORNINGSIDE DR.  
 MIAMI SPGS FL 33166  
 US

Mailing Address

61 MORNINGSIDE DR  
 MIAMI SPGS FL 33166  
 US



2. Principal Place of Business

**21 7040 S.W. 24th St. # 209**

Suite, Apt. #, etc.

**22**  
 City & State

**23 Miami, FL**

Zip Country  
**24 33155 25 U.S.A.**

2a. Mailing Address

**26 7040 S.W. 24th St. # 209**

Suite, Apt. #, etc.

**27**  
 City & State

**28 Miami, FL**

Zip Country  
**29 33155 30 U.S.A.**

3. Date Incorporated or Qualified

**06/07/1991**

4. FEI Number

**65-0334948**

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

9. Name and Address of Current Registered Agent

**MJANGOS, MIRIAM**  
**9280 BISCAYNE BLVD, TH 1**  
**MIAMI FL 33138**

10. Name and Address of New Registered Agent

**81 Name JOSE L. LA TORRE**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**61 Morningside Drive**

**83**

**84 City Miami Springs**

**FL**

**85 Zip Code 33166**

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 *Jose L. La Torre* **Jose L. La Torre (DP)**

**April 30, 1999**

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 **DP** ☒ DELETE  
 NAME **MJANGOS, MIRIAM**  
 STREET ADDRESS **9280 BISCAYNE BLVD, TH1**  
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **DT** ☒ DELETE  
 NAME **YON, JULIO**  
 STREET ADDRESS **7040 S.W. 24 ST #226**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☒ DELETE  
 NAME **RAMIREZ, LIGIA**  
 STREET ADDRESS **31 SE 6TH AVE**  
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **T** ☒ DELETE  
 NAME **CAMPOS, NORA**  
 STREET ADDRESS **9631 FOUNTAINBLEU BLVD. APT. 315**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **DP** ☒ DELETE  
 NAME **WILLEMSSEN, JORGE**  
 STREET ADDRESS **805 ORTEGA AVE**  
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VPT** ☒ DELETE  
 NAME **GUILLEN, LIDIA**  
 STREET ADDRESS **4330 NW 79TH AVE, APT B-1**  
 CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President (DP)** ☐ Change ☐ Addition  
 1.2 NAME **LA TORRE, Jose L.**  
 1.3 STREET ADDRESS **61 Morningside Drive**  
 1.4 CITY-ST-ZIP **Miami Springs, FL 33133**

2.1 TITLE **First Vice-President (T)** ☐ Change ☐ Addition  
 2.2 NAME **TOBAR, Arturo**  
 2.3 STREET ADDRESS **10578 N.W. 51 Lane**  
 2.4 CITY-ST-ZIP **Miami, FL 33178**

3.1 TITLE **Secretary (DS)** ☐ Change ☐ Addition  
 3.2 NAME **ECHEVARRIA, Carlos**  
 3.3 STREET ADDRESS **1755 N.W. 134th Street**  
 3.4 CITY-ST-ZIP **Miami, FL 33167**

4.1 TITLE **Treasurer (DT)** ☐ Change ☐ Addition  
 4.2 NAME **YON, Julio**  
 4.3 STREET ADDRESS **7040 S.W. 24th Street # 209**  
 4.4 CITY-ST-ZIP **Miami, FL 33155**

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 with all other like empowered.

SIGNATURE: *Jose L. La Torre* **Jose L. La Torre (DP)** **April 30, 1999** **(305) 871-1246**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)