

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N44708** (8)

1. Corporation Name

LATINO STUFF REVIEW, INC.



Principal Place of Business

P.O. BOX 440195
MIAMI FL 33144

Mailing Address

P.O. BOX 440195
MIAMI FL 33144

3. Date Incorporated or Qualified
08/16/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0284619

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

8. This corporation has liability for intangible tax under s. 199.032,
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

10. Name and Address of New Registered Agent

**LLEVADA, E. JERRY
1215 COLUMBUS BLVD
CORAL GABLES FL 33134**

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 **D** ☐ DELETE
NAME **LLEVADA, E. JERRY**
STREET ADDRESS **1215 COLUMBIA BLVD**
CITY - ST - ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE
NAME **COSTALES, CONCHA**
STREET ADDRESS **5030 S.W. 103 PL.**
CITY - ST - ZIP **MIAMI FL 33165**

TITLE **D** ☐ DELETE
NAME **MARINO, GILBERTO**
STREET ADDRESS **2652 SW 24TH STREET**
CITY - ST - ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **ALBELO, ROGER**
STREET ADDRESS **1975 S.W. 25 TERR**
CITY - ST - ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **GOMEZ, JULIO JR.**
STREET ADDRESS **4797 S.W. 7 ST.**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007515

CR2E037 (3/96)