FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90178 050 ****61.25

DOCUMENT # N44708

1. Corporation Name

LATINO STUFF REVIEW, INC.

Prin	cipal	Piace	of	Business

Mailing Address

P.O. BOX 440195 MIAMI FL 33144 P.O. BOX 440195 MIAMI FL 33144

2. Principa	l Place of Business	2a. Mailing Address			3. Date incorporated or Qualifed 08/16/1991			
Suite, Apt. #; etc. Suite, Apt. #, etc.				4. FEI Number		Ar	Apr lied For	
22		27			65-0284619	No.	ot Applicable	
City & S	tate	City & State			5. Certificate of Status Desired	+	Additional equired	
Zip	Country 25	Zip	Countr	у	Election Campaign Financing Trust Fund Contribution	7	May Be to Fees	
(4)	9. Name and Address of Curr		1301		10. Name and Address of New Re			
	Hallio alla Macildo di Galli	- Itagiota - game	8	1 Name				
LLEVAD	A F JEDDY		L		(D.O. D. Number in Net Asserted	hla)		
	a, e. Jerry Olumbus BLVD		8:	2 Street Act	dress (P.O. Bo). Number is Not Acceptate	ле)		
	GABLES FL 33134		8	3				
CORAL	GABLES PE 33134		8	4 City		85 Zip	Code	
	• .		*	4 City		FL "	Code	
agent. SIGNATUF	I am familiar with, and accept the obliq	gations of, Section 617.0503, Flo	onda Statute	is.	ation's board of directors. I hereby accept	DATE		
12.		AND DIRECTORS	13.	on square requ	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	DIRS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	<u> </u>		☐ Change	Addition	
NAME	LLEVADA, E. JERRY		1.2 NAME					
STREET ADDRE	The section section		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		1,4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Additio	
NAME	COSTALES, CONCHA		2.2 NAME	:				
STREET ADDRI			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33165		2. 4 CITY	- ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	MARINO, GILBERTO		3.2 NAME	·				
STREET ADDRE			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MAIMI FL	T DELETE	3.4. CITY			Change	Addition	
TITLE	D	▼ DELETE	4.1 TITLE				L. 7704001	
NAME	ALBELO, ROGER		4.2 NAM					
STREET ADDRE	TOTO CITT ED TEINT			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL	▼ ,DELETE	4.4 CITY-			Change	Addition	
TITLE	D COMES IN IO ID	PALPELETE	5.1 HILE 5.2 NAME					
NAME	GOMEZ, JULIO JR.			ET ADDRESS				
STREET ADDRE	1101 0.111 7 011		5.4 CfTY-					
CITY-ST-ZIP	MIAMI FL		J.4 OH 1					

4. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.0.7(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 feceiver 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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

22 49 305-262-(777

CR2E037 (11/

☐ Addition