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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N45128 (8)

1. Corporation Name

ASSOCIACION LATINOS UNIDOS DE FLORIDA, INC.



Principal Place of Business

Mailing Address

P. O. BOX 242
LAKE PLACID FL 33852

P. O. BOX 242
LAKE PLACID FL 33862-0242

3. Date Incorporated or Qualified
09/18/1991

3a. Date of Last Report
10/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3090412

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OJEDA, ALBERTO
231 JASMINE AVE
LAKE PLACID FL 33852

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	ELIZABETH RIVERA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OJEDA, ALBERTO	1.2 NAME	618 RIVER DRIVE T
STREET ADDRESS	231 JASMINE AVE.	1.3 STREET ADDRESS	SEBRING, FL. 33872
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	ALBERTO OJEDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERA, WILFREDO	2.2 NAME	231 JASMINE AVE T
STREET ADDRESS	618 RIVER DRIVE	2.3 STREET ADDRESS	LAKE PLACID, FL 33852
CITY-ST-ZIP	SEBRING FL 33872	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	RAFAEL RODRIGUEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND, ROSSY	3.2 NAME	3808 URBINO ST. T
STREET ADDRESS	4107 RAMIRO STREET	3.3 STREET ADDRESS	SEBRING, FL. 33872
CITY-ST-ZIP	SEBRING FL 33872	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MYRIAM	4.2 NAME	
STREET ADDRESS	3808 URBINO STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 my address.

SIGNATURE: *Myriam Rodriguez* MYRIAM RODRIGUEZ

1/38/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054113

CFR2E037 (9/96)