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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N45128

1. Corporation Name

ASOCIACION LATINOS UNIDOS DE FLORIDA, INC.

Principal Place of Business

P. O. BOX 242
LAKE PLACID FL 33852

Mailing Address

P. O. BOX 242
LAKE PLACID FL 33852



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/18/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3090412

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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
NAME OJEDA, ALBERTO
STREET ADDRESS 231 JASMINE AVE.
CITY-ST-ZIP LAKE PLACID FL
 DELETE

1.1 TITLE PD
1.2 NAME Federico Vazquez
1.3 STREET ADDRESS 4103 Garienda Ave
1.4 CITY-ST-ZIP Sebring FL 33872
 Change Addition

TITLE VP
NAME RIVERA, WILFREDO
STREET ADDRESS 618 RIVER DRIVE
CITY-ST-ZIP SEBRING FL 33872
 DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
 Change Addition

TITLE TD
NAME RAYMOND, ROSSY
STREET ADDRESS 4107 RAMIRO STREET
CITY-ST-ZIP SEBRING FL 33872
 DELETE

3.1 TITLE JP
3.2 NAME Shelly Service
3.3 STREET ADDRESS 1520 Colmar Ave
3.4 CITY-ST-ZIP Sebring FL 33872
 Change Addition

TITLE S
NAME RODRIGUEZ, MYRIAM
STREET ADDRESS 3808 URBINO STREET
CITY-ST-ZIP SEBRING FL 33872
 DELETE

4.1 TITLE S
4.2 NAME Aida Vazquez
4.3 STREET ADDRESS 4103 Garienda Ave
4.4 CITY-ST-ZIP Sebring FL 33872
 Change Addition

TITLE T
NAME RIVERA, ELIZABETH
STREET ADDRESS 618 RIVER DRIVE
CITY-ST-ZIP SEBRING FL
 DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
 Change Addition

TITLE T
NAME OJEDA, ALBERTO
STREET ADDRESS 231 JASMINE AVE
CITY-ST-ZIP LAKE PLACID FL
 DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

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: Federico Vazquez 3/20/99 3829648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (1/1/98)