


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45435 (7)

1. Corporation Name

THE FLORIDA MUSEUM OF HISPANIC AND LATIN AMERICAN ART, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
1 N.E. 40TH ST STE. 6 MIAMI FL 33137 US		1 N.E. 40TH ST STE. 6 MIAMI FL 33137-3541 US		10/03/1991	04/19/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0294981	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OYUELA, RAUL M 1 N.E. 40TH ST STE. 6 MIAMI FL 33137		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OYUELA, RAUL M.	1.2 NAME	
STREET ADDRESS	915 NW 1 AVE #H-1308	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEJO, TERESA HIPOLITO	2.2 NAME	
STREET ADDRESS	915 NW 1 AVE #H-1308	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, ADAM D	3.2 NAME	JUAN M. GARCIA SEGOVIA
STREET ADDRESS	5757 COLLINS AVE #407	3.3 STREET ADDRESS	2154 SW 16TH ST.
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI FL 33145
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAINZ, CARLOS	4.2 NAME	GABRIEL ORENSTEIN
STREET ADDRESS	13996 S.W. 90TH AVE #BB-109	4.3 STREET ADDRESS	600 N.E. 36TH ST. #2017
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33137
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ-DIAZ, BENNIE	5.2 NAME	ROGERIO TERUZ
STREET ADDRESS	1954 SW 23RD ST	5.3 STREET ADDRESS	16468 BRIDLEWOOD CIR.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROS, ANA L.	6.2 NAME	
STREET ADDRESS	8070 SW 140TH TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 an address.

SIGNATURE _____

CR2E037 (9/96)