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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N46855 (5)

1. Corporation Name

LATIN-AMERICAN BUSINESS AND PROFESSIONAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 9261  
NAPLES FL 33941

P.O. BOX 9261  
NAPLES FL 34101-9261



3. Date Incorporated or Qualified 01/15/1992 3a. Date of Last Report 05/01/1996

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

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIDDLE, MELINDA P.  
4501 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES FL 33940-3080

81 Name MELINDA P. RIDDLE  
82 Street Address (P.O. Box Number is Not Acceptable)  
3174 Tamiami Trail East, Suite 1  
83  
84 City Naples FL 85 Zip Code 34112

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	MUNOZ, NELSON	5801 PELICAN BAY BLVD	NAPLES FL	<input type="checkbox"/>
DP	RODRIGUEZ, ANA	P O BOX 9261	NAPLES FL	<input checked="" type="checkbox"/>
DT	VAZQUEZ, ELENA	785 SEAGATE DR	NAPLES FL	<input checked="" type="checkbox"/>
DS	DUSTIN, YOLANDA	PO BOX 7923 NA	NAPLES FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DP	MELINDA P. RIDDLE	3174 Tamiami Trail East, Suite 1	Naples, FL 34112	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	FRANK RODRIGUEZ	P.O. Box 990244 N/A	Naples, FL 34116-6062	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MARIO E. DELGADO	P.O. Box 2101 N/A	Naples, FL 34106	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

MELINDA P. RIDDLE

CR2E037 (9/96)