

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49535 (0)**

1. Corporation Name  
**GRUPO FOLKLORE LATINO, INC.**



Principal Place of Business <b>4907 REGINA CT WEST PALM BEACH FL 33415</b>	Mailing Address <b>4907 REGINA CT WEST PALM BEACH FL 33415</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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3. Date Incorporated or Qualified <b>06/19/1992</b>
4. FEI Number <b>65-0328718</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ARCE, LILIAN  
4907 REGINA CT  
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

**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 Lillian R. Arce **LILLIAN R. ARCE EXECUTIVE DIRECTOR 4/30/98**

12. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>HELMAN RUIZ</b>	
STREET ADDRESS <b>1610 ROYAL FOREST CT</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>CARDONA ELIZABETH</b>	
STREET ADDRESS <b>5942 LINCOLN CIRCLE</b>	
CITY-ST-ZIP <b>LAKE WORTH FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>DOMINGUEZ, LAURA</b>	
STREET ADDRESS <b>898 E. COTTON BAY, APT. 2201</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BELEN, SANDRA</b>	
STREET ADDRESS <b>5108 SHERMAN RD</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>OLIVARES MIRIAM</b>	
STREET ADDRESS <b>1709 17TH LANE</b>	
CITY-ST-ZIP <b>LAKE WORTH FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HERNANDEZ, JULIETA</b>	
STREET ADDRESS <b>4588 COLE ST.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>Executive Director-D-</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Lillian Arce</b>	
1.3 STREET ADDRESS <b>4907 Regina Court</b>	
1.4 CITY-ST-ZIP <b>West Palm Beach, FL. 33415</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Gustavo Amador</b>	
2.3 STREET ADDRESS <b>125 South C Street</b>	
2.4 CITY-ST-ZIP <b>Lake Worth, FL. 33460</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>JULIETA HERNANDEZ</b>	
4.3 STREET ADDRESS <b>4588 COLIN ST.</b>	
4.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL. 33417</b>	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>SANDRA BELEN</b>	
5.3 STREET ADDRESS <b>5108 SHERMAN RD.</b>	
5.4 CITY-ST-ZIP <b>W.P.B. FL. 33415</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Lillian R. Arce **LILLIAN R. ARCE ex. Director 4/30/98**

CR2E037 (10/97)