

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90008 029 ****61.25

DOCUMENT # N49535

1. Corporation Name

GRUPO FOLKLORE LATINO, INC.

Principal Place of Business

4907 REGINA CT
WEST PALM BEACH FL 33415

Mailing Address

4907 REGINA CT
WEST PALM BEACH FL 33415

6 600206 - 90008 - 29



2. Principal Place of Business

21 **3970 Lake Worth Rd.**
Suite, Apt. #, etc.

22 City & State

23 **LAKE WORTH, FL.**
Zip Country

24 **33461**

25 **PALM BEACH**

2a. Mailing Address

26 **P.O. BOX 20795**
Suite, Apt. #, etc.

27 City & State

28 **WEST PALM BEACH, FL.**
Zip Country

29 **33416**

30 **PALM BEACH**

3. Date Incorporated or Qualified

06/19/1992

4. FEI Number

65-0328718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution **\$5.00** May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **HELMAN RUIZ**
STREET ADDRESS **1610 ROYAL FOREST CT**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **V** ☒ DELETE

NAME **CARDONA ELIZABETH**
STREET ADDRESS **5942 LINCOLN CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **S** ☒ DELETE

NAME **DOMINGUEZ, LAURA**
STREET ADDRESS **898 E. COTTON BAY, APT. 2201**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **T** ☒ DELETE

NAME **HERNANDEZ, JULIETA**
STREET ADDRESS **4588 COLIN ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D** ☒ DELETE

NAME **BELEN, SANDRA**
STREET ADDRESS **5108 SHERMAN RD**
CITY-ST-ZIP **W P B FL 33415**

TITLE **D** ☒ DELETE

NAME **AMAMDOR, GUSTAVO**
STREET ADDRESS **125 SOUTH C ST**
CITY-ST-ZIP **LAKE WORTH FL 33460**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **Juan A. Montoya**
1.3 STREET ADDRESS **1325 Gateway Drive**
1.4 CITY-ST-ZIP **Lantana, FL 33562**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **Lillian Arce**
2.3 STREET ADDRESS **4907 Regina Court**
2.4 CITY-ST-ZIP **West Palm Beach, FL 33415**

3.1 TITLE **S** ☒ Change ☐ Addition

3.2 NAME **Gustavo Amador**
3.3 STREET ADDRESS **125 South C Street**
3.4 CITY-ST-ZIP **Lake Worth, FL 33460**

4.1 TITLE **T** ☒ Change ☐ Addition

4.2 NAME **Daniel Diaz**
4.3 STREET ADDRESS **1 Caston Way**
4.4 CITY-ST-ZIP **Lantana, FL 33462**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **Helman Ruiz**
5.3 STREET ADDRESS **1610 Royal Forest Court**
5.4 CITY-ST-ZIP **West Palm Beach, FL 33406**

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME **Emma West**
6.3 STREET ADDRESS **1978 Windsor Drive**
6.4 CITY-ST-ZIP **North Palm Beach, FL 33408**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-99 (501) 967-6988

Date

Daytime Phone #

0016138

CR2E037 (5/99)