

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # N94000002229 (2)**  
1. Corporation Name  
**CENTRO CULTURAL LATINOAMERICANO INC.**



Principal Place of Business <b>5870 TRIPHAMMER ROAD LAKE WORTH FL 33463</b>	Mailing Address <b>5870 TRIPHAMMER ROAD LAKE WORTH FL 33463</b>
------------------------------------------------------------------------------------	------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>05/02/1994</b>		
4. FEI Number <b>65-0579660</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**CENTER FOR MINORITY HUMAN SERVICES PROVIDERS INC., %ELSA GIBBONS  
301 BROADWAY, SUITE 300  
RIVIERA BEACH FL 33404**

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: *M. Mortham*  
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	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>OSPINA, ALONSE</b>	
STREET ADDRESS	<b>769 DAFFOLDIEL DRIVE</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSARIO, ANNIE D</b>	
STREET ADDRESS	<b>1445 SE GREEN VILLAGE DRIVE</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34952</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, CAROLINA</b>	
STREET ADDRESS	<b>4905 S. DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>ELIZEE, AREM</b>	
STREET ADDRESS	<b>431 BAKERY DRIVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SILVER, CARLOS</b>	
STREET ADDRESS	<b>4905 S. DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, LAURA</b>	
STREET ADDRESS	<b>325 WINTER STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33405</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MARLENE PATINO</b>	
1.3 STREET ADDRESS	<b>418 th Ln. Grnacs Cty.</b>	
1.4 CITY-ST-ZIP	<b>LAKE WORTH, FL. 33463</b>	
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>OLGA MERCADO</b>	
2.3 STREET ADDRESS	<b>4919 Pine Knott Line</b>	
2.4 CITY-ST-ZIP	<b>West Palm Beach, FL. 33417</b>	
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GEORGE NAVAS</b>	
3.3 STREET ADDRESS	<b>561 ANCHORAGE Dr. N.</b>	
3.4 CITY-ST-ZIP	<b>Palm Beach, FL 33408</b>	
4.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>GABRIEL VALDES</b>	
4.3 STREET ADDRESS	<b>3310 FOREST HILL BLVD. S C-225</b>	
4.4 CITY-ST-ZIP	<b>WEST Palm Beach, FL. 33406</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>CATHY ANAYA</b>	
5.3 STREET ADDRESS	<b>673 Conniston Rd.</b>	
5.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33405</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>NUBIA VILLA</b>	
6.3 STREET ADDRESS	<b>3600 BROADWAY</b>	
6.4 CITY-ST-ZIP	<b>West Palm Beach, 33407</b>	

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: *M. Mortham* 04-24-98

CR2E037 (10/97)