

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N94000002229

1. Corporation Name

CENTRO CULTURAL LATINOAMERICANO INC.

Principal Place of Business
 5870 TRIPHAMMER ROAD
 LAKE WORTH FL 33463

Mailing Address
 5870 TRIPHAMMER ROAD
 LAKE WORTH FL 33463



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/02/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0579660	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	25	29	30		

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
85	Zip Code

FL

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	SD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATINO, MARLENE	1.2 NAME	Carlile Sonia
STREET ADDRESS	418 TH LN GRACES CITY	1.3 STREET ADDRESS	993 Springdale Cr.
CITY-ST-ZIP	LAKE WORTH FL 33463	1.4 CITY-ST-ZIP	Lake Worth, Fl. 33461
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCADO, OLGA	2.2 NAME	Carmen Ayala
STREET ADDRESS	4919 PINE KNOTT LINE	2.3 STREET ADDRESS	10871 52nd Stred, Suite 4
CITY-ST-ZIP	W PALM BEACH FL 33417	2.4 CITY-ST-ZIP	Sunrise, Fl. 33351
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVAS, GEORGE	3.2 NAME	Borda Jorge
STREET ADDRESS	561 ANCHORAGE DR N	3.3 STREET ADDRESS	3243 Prince Dr.
CITY-ST-ZIP	PALM BEACH FL 33408	3.4 CITY-ST-ZIP	Lake Worth, Fl. 33461
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, GABRIEL	4.2 NAME	Celia Di'Giacinto
STREET ADDRESS	3310 FOREST HILL BLVD S STE C225	4.3 STREET ADDRESS	833 Colonial Rd.
CITY-ST-ZIP	WEST PALM BEACH FL 33406	4.4 CITY-ST-ZIP	West Palm Beach, Fl. 33405
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANAYA, CATHY	5.2 NAME	Maria Eliana Lopez
STREET ADDRESS	673 CONNISTON RD	5.3 STREET ADDRESS	817 Mango Dr.
CITY-ST-ZIP	WEST PALM BEACH FL 33405	5.4 CITY-ST-ZIP	West Palm Beach, Fl. 33415
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLA, NUBIA	6.2 NAME	Maria Eugenia Jaramillo
STREET ADDRESS	3600 BROADWAY	6.3 STREET ADDRESS	4660 Summit Blvd.
CITY-ST-ZIP	W PALM BEACH FL 33407	6.4 CITY-ST-ZIP	West Palm Beach, Fl. 33415

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: Marta M. Jaramillo **REQUIRED** 4-28-99. _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)