

DOCUMENT # N94000002229
1. Entity Name
CENTRO CULTURAL LATINOAMERICANO INC.

[illegible]

Principal Place of Business	Mailing Address
5870 TRIPHAMMER ROAD LAKE WORTH FL 33463	5870 TRIPHAMMER ROAD LAKE WORTH FL 33463-1530

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0579660	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<p>CENTER FOR MINORITY HUMAN SERVICES PROVIDERS INC., %ELSA GIBBONS 301 BROADWAY, SUITE 300 RIVIERA BEACH FL 33404</p>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	<div>FL</div> <div>Zip Code</div>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW: FEE IS \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
--	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARLILE, SONIA 993 SPRINGDALE CR. LAKE WORTH FL 33461	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AYALA, CARMEN 10871 52ND ST., STE 4 SUNRISE FL 3351	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JORGE, BORDA 3243 PRINCE DR LAKE WORTH FL 33461	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DI' GIACINTO, CELIA 833 COLONIAL RD WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MARIA E 817 MANGO DR WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARAMILLO, MARIA E 4660 SUMMIT BLVD. W PALM BEACH FL 33415	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELENA NAPOLES GOLDFEDER 720 South Atlantic Drive Lantana, Fl.33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARINA DANOVIH 3A Crossing Circle Boynton Beach, Fl.33435	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAM RAMIREZ 7637 Bristol Bay Lane Lake Worth, Fl. 33467	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEATRIZ GAVIRIA 2100-45th Street (Park Plaza) West Palm Beach, Fl.33407	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICTOR ROJAS 11924 West Forest Hill Blvd.Suite18 Lake Worth, Fl.33414	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha M. Murrell 4-27-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #