

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90234 030 ****61.25

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DOCUMENT # N94000002383

1. Corporation Name

CENTRO LATINO-AMERICANO DE MISIONES Y ENTRENAMIE
NTO, INC.

Principal Place of Business

P O BOX 832555
MIAMI FL 33283

Mailing Address

P O BOX 832555
MIAMI FL 33283



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/10/1994

4. FEI Number

65-0515097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RIBEIRO, GERSON
9893 SW 118 PLACE
MIAMI FL 33283

10. Name and Address of New Registered Agent

81 Name

RIBEIRO, GERSON

82 Street Address (P.O. Box Number is Not Acceptable)

1100 SW. 156 ST. MIAMI, FL.

83

84 City

MIAMI

FL

85 Zip Code

33157

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 ☐ DELETE

TITLE PD
NAME RIBEIRO, GERSON
STREET ADDRESS 11100 SW 156 ST.
CITY-ST-ZIP MIAMI FL

TITLE D
NAME FELDER, RICHARD
STREET ADDRESS 8306 MILLS DRIVE, #362
CITY-ST-ZIP MIAMI FL

TITLE VPD
NAME RIBEIRO M.ELISA
STREET ADDRESS 125 25 SW 188ST
CITY-ST-ZIP MIAMI FL

TITLE TSD
NAME HENRY DAVID CENTENO CORDOBA
STREET ADDRESS 12525 SW 188 ST.
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 11100 SW. 156 ST.
3.4 CITY-ST-ZIP MIAMI, FL. 33157

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 11035 SW. 156 TERR.
4.4 CITY-ST-ZIP MIAMI, FL. 33157

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Signature of Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 01 - 1999

(305) 253-4493

Date

Daytime Phone #

CR2E037 (11/98)