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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name

N94000004280 (3)

## TRIANGULO LATINO CLUB, INC.

## **FILED** Jan 21 1997 8:00am Secretary of State



32 SW 21 COURT MAIMI FL 33135  3. Date Incorporated or Qualified 08/30/1994  3. Date Incorporated or Qualified 08/30/1994  3. Date Incorporated or Qualified 01/26/1996  2. Principal Place of Business  2a. Mailing Address 25 Certificate of Status Desired Fee Required  City & State  City & State  City & State  Country  Country  Country  Country  28 This corporation has liability for intangible tax under s. 199.032,												
MAMIF FL 3915S   MAMIF FL 3915S-1613	Principal Place of Business Mailing Address						i jagritas asa tahu dibis an	**** ****** ***		**********		
Principal Place of Business   2x   Mailing Address   3x   4, FEI Number   65-0574305							·					
Super Appl							08/30/1994	alified				
SUITC, AQUILLE 1 And Address of Current Registered Agent	2. Principal P	lace of Business	<u>├</u> ─┐				- OE7400E					
City & State   Cay & State   Cay & State   Cay & State   Cay   Country   2p   Cou	Suite, Apt	#, etc.	<b>—</b>				5. Certificate of Status Des	ired				
Zip   Country   Zip   Country   S. This copyright on hairanglible lax under s. 199 032	City & State	e	<del> </del>	<del> </del>			. •					
9. Name and Address of Current Registered Agent  SMITH, SAMUEL E 420 S. DIXIE HWY. SUITE 4KA CORAL GABLES FL 33146  11. Passant to the provisions of Sections 617 CRO2 and 617 1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of, Section 817 CRO2 and 617 1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of, Section 817 CRO2 and 617 1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of, Section 817 CRO3, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of, Section 817 CRO3, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of, Section 817 CRO3, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of, Section 817 CRO3, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of Section 817 CRO3, Florida Statutes, the above named to provide agent of directors. In refer to the purpose of changing its registered agent 1 am familiar with, and accept the obligations of Statutes and Addition 1 am familiar with and accept the obligations of Statutes and Addition 1 am familiar with and accept the obligations of Statutes and Addition 1 am familiar with and accept the obligations of Statutes and Addition 1 am familiar with and accept the obligations of Scattering agent 1 am familiar with and accept the obligations of Scatterin				<b>⊢</b> ¬ ′			'					
SMITH, SAMUEL E 420 S. DIXE HWY. SUITE 4KA CORAL GABLES FL 33146  44 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617 (502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of Section 617 (505) And 617 (5				4 <del>1</del>	T		10. Name and Address of	New Re	gistered Ag	jent		
### SUPPLY SUPPLY AND CORAL GABLES FL 33146  #### SUPPLY SUPPLY AND CORAL GABLES FL 33146  #### SUPPLY AND CORAL GABLES FL 33146  ### SUPPLY AND CORAL GABLES FL 34146  ### SUPPLY AND C				_	81	Name						
SUITE 4KA   CORAL GABLES FL 33146					82	Street A	Address (P.O. Box Number is Not A	ress (P.O. Box Number is Not Acceptable)				
1. Pursuant to the provisions of Sections 617 0502 and 617 1508, florids Statutes, the shove-named corporation submits this statement for the purpose of changing its registered agent. or both in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent arm familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.    SIGNATURE    100	SUITE 4	(A		83								
SIGNATURE	CORAL GABLES FL 33146					City			FL	85 Zip	Code	
12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14 officers   11 title	agentia	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statu e of Florida. Such change was pations of, Section 617.0503, F	tes, the a authorize lorida Sta	bove d by tutes	e-named of the corp	corporation submits this statement toration's board of directors. I heret	for the p by accer	ourpose of continuous of the appointment of the app	hanging i ntment as	ts registered registered	
TITLE	SIGNATURE.	Signature typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registere	d Age	nt signature	required when reinstating)		DATE	•		
NAME   RODRIGUEZ, RAFAEL   12 NAME   13 STREET ADDRESS   S15 N.W. 59TH AVE.   13 STREET ADDRESS	12.				i3. ADDITIONS/CHAP			O OFFIC	CERS AND I	RECTOR		
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CITY_SIT_ZIP	NAME			1.2 N	· · · · · · · · · · · · · · · · · · ·		•					
TITLE   SD	STREET ADDRESS											
NAME   TORRES, GRACIELLA   22 NAME   321 N.W. 109TH AVE.,			DCI ETC			Y-ZIP			т	Change	Addition	
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CITY - ST - ZIP						1000000						
TITLE	-											
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	CITY-ST-ZIP			6.40	ITY-S	T-ZIP						

I do 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 I formation 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. 305-643-0287

**SIGNATURE:** 

OF SIGNING OFFICER OB 
Daytime Phone # 0029024