2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500003139



LATIN FESTIVALS, INC						000¥000				
4325 GEORGIA AVE. 4325			Aailing Address 325 Georgia Ave. Jest Palm Beach Fl. 33405			4 1 20 11/01 6 20 124/1	t Balal Balal Objek as ala ob al i	10190 ISUN 111 10 9	K (
2. Principal Place of Business		3. Maii	3. Mailing Address							
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.				HECK HERE IF MAKIN	IG CHANGES		
City & State	e	Cit	y & State			4. FEI Number 65-	0599658		oplied For ot Applicable	7
Zip	Country	Zip)	Col	intry	5. Certificate of Stat	us Desired	\$8.75 Add Fee Require		
	5. Name and Address of Currer	nt Registere	d Agent :	*	Name	7. Name and Addre	ss of New Registered	Agent	-	
LAVIN, MIGUEL A 4025 GEORGIA AVE.					Street Address (P.O. Box Number is Not Acceptable)					
	ILM BEACH FL 33405		•							
**			•		City		F	Zip Cod	le .	1
	named entity submits this statement tions of registered agent.	for the purp	ose of changing its	register	ed office or registe	red agent, or both, in th	e State of Florida. I an	n familiar with,	and accept	1
•	•									
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if app	NOT	E: Registere	d Agent signature require	d when reinstating)	DATE		· 	
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
-			Trust Fund (Contribut	ion. LJ	Added to Fees	Florida Depa	rtment of	State	
10.	OFFICERS AND D	DIRECTORS		Contribut		Added to Fees ADDITIONS/CHANGES			l 10	 -
10.	OFFICERS AND D	DIRECTORS		11.	E					1000
10.	OFFICERS AND D PD LAVIN, MIGUEL 1418 MMICHIGAN DRIVE	DIRECTORS		11. TITU NAM STRE	E E EET AODRESS			DIRECTORS IN	l 10	107 (40/00)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D	DIRECTORS	☐ Delete	11. TITLI NAM STRE	E EE ADDRESS - ST-ZIP			DIRECTORS IN	I 10 ☐ Addition	200007 (40/00)
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12. I hereby certify that the information supplied with this filling 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 me 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:

SIGNATURE REQUIRED

FILED

Mar 12, 2003 8:00 am Secretary of State

02-06-2003 90146 001 ***211.25