FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N95000005042 (5)

LATIN AMERICAN MOTORCYCLE ASSOCIATION (L.A.M.A.) OF MIAMI, INC.

Principal Place of Business	Mailing Address

1315 N.W. 30TH AVENUE

1315 N.W. 30TH AVENUE

FILED Jan 27 1997 8:00am Secretary of State



MIAMI FL 33125	•	MIAMI FL 33125-1927			1						
						3. Date Incorporated or Qualified 3a. Date of Last Report 09/18/1996					
2. Principal Pl	ace of Business	2a. Mailing Addre	ss			4. FEI Number			Applied For		
21 26						65-0615094			Not Applica	able	
Suite, Apt.	#, etc.	Suite, Apt. #, a	etc.			5. Certificate of Status Desired	A		5 Additiona	d	
22		27	City & State			o. Continuate of States Desired	Fee Rec				
City & State	\$	├				6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			ed to Fees		
Zip	Country	Zip	 	ıntry	1	8. This corporation has liability for			rs. 199.032	<u></u> ,	
24	25]	29 s of Current Registered Agent	30			Florida Statutes 10. Name and Address of New Re		No No			
	g. Manie and Address	or Carrent Hegistered Agent		81	Name	10, Hante and Accorded Or Han In	- Sieralan	·you			
	A AMOR:				140.170						
), ANGEL			82	Street	Address (P.O. Box Number is Not Acceptal	ole)				
	W. 30TH AVENUE			83							
MIAMI FL	L 33125			03							
				84	City		221	85 Z	ip Code		
44.6	(- 11	- 647 0500 - 4 647 4500 51-14	Ctat tag the a				FL		- isi-s-		
office or re	to the provisions of Sectio egistered agent, or both, i	ins 617,0502 and 617,1508, Florida in the State of Florida. Such chang	a Statutes, the a je was authorize	o by	e-named / the corp	corporation submits this statement for the poration's board of directors. I hereby accel	pt the app	changing bintment	as registere as registere	# 90	
agent. I ai	m familiar with, and accep	of the obligations of, Section 617.0	503, Florida Sta	tutes	S .				-		
SIGNATURE _		registered agent and title if applicable.	MOTE D			required when reinstating)	DATE				
12.		FICERS AND DIRECTORS	13.	u Age	and remove	ADDITIONS/CHANGES TO OFFI		DIRECT	ORS IN 12	\dashv	
TITLE	PD	DEL		ITLE				Chang		dition	
NAME	ROMERTO, ANGEL		1.2 N					-	_	ľ	
STREET ADDRESS	1315 N.W. 30TH AV	ne			ADDRESS						
CITY-ST-ZIP	MIAMI FL 33125	L .			ST-ZIP						
TITLE	VD VD	□ DEL			,1-211	VD ^		X Chano	e Add	ition	
NAME	ROMERO, ALBERTO		2.2 N			Alberto Romero		-			
STREET ADDRESS	4100 S.W. 119TH C		1		ADDRESS	Alberto Romero 14810 SW 82-ST M14M1, FL				1	
CHTY-ST-ZIP	MIAMI FL 33175	OOM			ST-ZIP	hilden fi					
TITLE	SD SD	☐ DEL			OI-TH	SD		Chang	e Add	dition	
NAME	ROMERO, MARITZA		3.2 N				0	'			
STREET ADDRESS	4100 S.W. 119TH C				ADDRESS	MARITZA ROMER					
CITY-ST-ZIP	MIAMI FL 33175	Oom	•		ST-ZIP	miami, FL	••			1	
TITLE	MICANI I C 00110	DEI DEI			31-211	1000000		☐ Chang	ge Add	dition	
NAME				NAME						- 1	
STREET ADDRESS					ADDRESS					İ	
CITY-ST-ZIP					ST-ZIP						
TITLE		DEL			, <u>en</u>			☐ Chang	ge Add	dition	
NAME		<u></u>	5.2 M								
STREET ADDRESS					T ADDRESS					ł	
CITY-ST-ZIP					ST-ZIP					ļ	
TITLE		DEL			21.411			Chang	ge Add	dition	
NAME			6.2 N						,		
]			1		T ADORESS					\	
STREET ADDRESS											
CITY-ST-ZIP	L		6.4 0	;:TY-\$	ST-ZIP						

14. 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 information indicated on this annual report is they 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 fustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if managed or on an attachment with an accuracy.

SIGNATURE: