

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000679 (8)

1. Corporation Name

ASOCIACION URUGUAYA DE WEST PALM BEACH, INC.

Principal Place of Business

134 GALIANO ST
ROYAL PALM BEACH FL 33411

Mailing Address

134 GALIANO ST
ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1996 3a. Date of Last Report

2. Principal Place of Business

21 2425 10th Ave North

Suite, Apt. #, etc.

22

City & State

23 Lake Worth, Florida

Zip

24 33461

Country USA

25 Palm Beach

2a. Mailing Address

26 2425 10th Ave North

Suite, Apt. #, etc.

27

City & State

28 Lake Worth, Florida

Zip

29 33461

Country USA

30 Palm Beach

4. FEI Number

65-0691766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VEGA, JESUS
134 GALIANO ST
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name

82 Walter Carmona
Street Address (P.O. Box Number is Not Acceptable)
7881 Pebble Beach Court

83

84 City

Lake Worth

FL

85 Zip Code

33467

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 *W. Vega*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D. President ☐ DELETE
NAME Inocencio Provenza
STREET ADDRESS 5045 PINK GROVE DR
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE D. Vice President ☐ DELETE
NAME Hugo Guanco
STREET ADDRESS 610 Wright Dr.
CITY-ST-ZIP L.W. FL 33461

TITLE T. Secretary ☐ DELETE
NAME Mabel Datena
STREET ADDRESS 4172 Kent St
CITY-ST-ZIP L.W. FL 33461

TITLE D. Treasurer ☐ DELETE
NAME Walter Carmona
STREET ADDRESS 7881 Pebble Beach Court
CITY-ST-ZIP L.W. FL 33467

TITLE T. Representative ☐ DELETE
NAME Hugo Lara
STREET ADDRESS 1629 16 Way
CITY-ST-ZIP WPB FL 33407

TITLE T. Representative ☐ DELETE
NAME Miguel Morales
STREET ADDRESS 383 Springdale Circle
CITY-ST-ZIP Palm Springs FL 33461

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
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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 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.

CR2E037 (4/97)