

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90161 012 ****70.00

DOCUMENT # N96000000679

1. Corporation Name

ASOCIACION URUGUAYA DE WEST PALM BEACH, INC.

Principal Place of Business

2425 10TH AVE NORTH
LAKE WORTH FL 33461
US

Mailing Address

2425 10TH AVE NORTH
LAKE WORTH FL 33461
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/05/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0691766	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trus: Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CHAVES, ESQ RICK
515 N FLAGLER DRIVE, STE 1900
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COTTO, JUAN FERNANDO			1.2 NAME			
STREET ADDRESS	7146 GRASSY BAY DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33411			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DATENA, MABEL D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DATENA, MIGUEL			2.2 NAME	D		
STREET ADDRESS	275 WOODLANDS ROAD			2.3 STREET ADDRESS	4172 KENT AV		
CITY-ST-ZIP	LAKE WORTH FL 33461			2.4 CITY-ST-ZIP	LAKE WORTH FL 33461		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VEGA, GLADYS			3.2 NAME	LEMONS, GUANCO		
STREET ADDRESS	134 GALIANO STREET			3.3 STREET ADDRESS	4838 B SUNNY PALM CIR.		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			3.4 CITY-ST-ZIP	W.P.B FL 33415		
TITLE	P	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VEGA, JESUS			4.2 NAME	DATENA, CARLOS		
STREET ADDRESS	134 GALIANO STREET			4.3 STREET ADDRESS	4172 KENT AV		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411			4.4 CITY-ST-ZIP	LAKE WORTH FL 33461		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LARA, DANIEL			5.2 NAME	GUANCO, HUGO		
STREET ADDRESS	427 ROSELAND DRIVE			5.3 STREET ADDRESS	610 WILBHT DR		
CITY-ST-ZIP	WEST PALM BEACH FL 33405			5.4 CITY-ST-ZIP	LAKE WORTH FL 33461		
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COTTO, GLADYS			6.2 NAME			
STREET ADDRESS	7146 GRASSY BAY DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33411			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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99 561-722-7063

CR2E037 (1/1/98)