## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthám <sup>4</sup>

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000002216 (7)

LAS AMERICAS MUSEUM OF ART, INC.

## **FILED** May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						<u>-</u>				
12529 BELROSE AVE ORLANDO FL 32737			12529 BELROSE AVE ORLANDO FL 32737				3. Date Incorporated or Qualified  04/22/1996  4. FEI Number Applied For 59-3408710 Not Applicable			
2. Principal Place of Business			2a. Mailing Address 26				5. Certificate of Status Desired \$8.75 Additional Fee Required			
Suite, A	pt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State			City & State				7. Is this nonprofit corporation a homeowners association?  Yes No			
Zip 14	Country Zip 25 29 3			30 Co.	Country		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 Re	egistered Agent	<u> </u>	10. Name and Address of New Registered Agent					
					81	Name				
COSME, RAFAEL A 12529 BELROSE AVE ORLANDO FL 32837					82	Street Address (P.O. Box Number is Not Acceptable)				
					83					
					84	City	FL 85 Zip Code			
office o	or registered agent, o	r both, in the State of F	nd 617.1508, Florida St Florida. Such change w ns of, Section 617.0503	as authorize	d by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered			
SIGNATUR	E									
	Signature, typed or print	ed name of registered agent and			d Age	nt signature	required when reinstating) DATE			
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	LE P-D DELETE				TLE		☐ Change ☐ Addition			
MIN COCKE DAEAELA				40.00	4 S MANAE		i			

SIGNATURE _	Signature, typed or printed name of registered agent and title i	t englicable (NOTE	Registered Agent signature requi	rad when reinstation)	DATE		
12.	OFFICERS AND DIREC		13.		/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P- D	DELETE	1.1 TITLE		Change	☐ Addition	
NAME	COSME, RAFAEL A		1.2 NAME				
STREET ADDRESS	12529 BELROSE AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY - ST - ZIP				
TITLE	S-P	DELETE	2.1 TITLE		☐ Change	Addition	
NAME	MEDINA, PERLA G		2.2 NAME				
STREET ADDRESS	772 COUNTRY WEST		2.3 STREET ADDRESS				
CITY-ST-2#P	KISSIMMEE FL 34764		2. 4 CITY-ST-ZIP				
TITLE	1 - D	DELETE	3.1 TITLE		Change	Addition	
NAME	COLON, EGNA		3.2 NAME				
STREET ADDRESS	1442 METTE COURT		3.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34744		3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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 attachmost with an endiage.

SIGNATURE: