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NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT #   N96000005238 (8)

1. Corporation Name

LATIN-AMERICAN AIDS KOALITION, INC.

Principal Place of Business	Mailing Address
656 NE 125 ST SUITE #1 NORTH MIAMI FL 33161	656 NE 125 ST SUITE #1 NORTH MIAMI FL 33161-5546

3. Date Incorporated or Qualified	3a. Date of Last Report
10/10/1996	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21	26	65-0739350	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EXPOSITO, SANTIAGO 5505 NW 7TH ST APT W316 MIAMI FL 33126	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 **P** ☐ DELETE	NAME **SUAREZ, WILLIAMS** STREET ADDRESS **5505 NW 7 ST APT W316** CITY-ST-ZIP **MIAMI FL 33126**	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	**D**	☐ Change ☒ Addition
TITLE **V** ☐ DELETE	NAME **EXPOSITO, SANTIAGO** STREET ADDRESS **5505 NW 7 ST APT W316** CITY-ST-ZIP **MIAMI FL 33126**	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	**D**	☐ Change ☒ Addition
TITLE **D** ☐ DELETE	NAME **GONZALEZ, JULIO G** STREET ADDRESS **750 NW 18 TER APT 1206** CITY-ST-ZIP **MIAMI FL 33136**	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **T** ☐ DELETE	NAME **FIGUERDO, HILDELIZA** STREET ADDRESS **1741 SW 21 TER** CITY-ST-ZIP **MIAMI FL 33145**	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	**D**	☐ Change ☒ Addition
TITLE ☐ DELETE	NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE ☐ DELETE	NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: _____ Santiago Exposito. JAN/18/97.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   VICE-President.   Date   Daytime Phone # 0031684

CR2E037 (9/96)