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May 23 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 # 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 10/10/1996
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number 65-0739350 Applied For Not Applicable
5. Certificate of Status Desired X \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
EXPOSITO, SANTIAGO
5505 NW 7TH ST
APT W316
MIAMI FL 33126

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	DELETED
NAME	SUAREZ, WILLIAMS	
STREET ADDRESS	5505 NW 7 ST APT W316	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	DELETED
NAME	EXPOSITO, SANTIAGO	
STREET ADDRESS	5505 NW 7 ST APT W316	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	DELETED
NAME	GONZALEZ, JULIO G	
STREET ADDRESS	750 NW 18 TER APT 1206	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	T	DELETED
NAME	FIGUERO, HILDELIZA	
STREET ADDRESS	1741 SW 21 TER	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	D	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	D	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.

SIGNATURE: Santiago Exposito JAN 18 / 97.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice-President. Daytime Phone # 0031684

CR2E037 (9/96)