1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700000739 1. Corporation Name

LATIN TALENT DEVELOPMENT FOUNDATION, INC.

Principal Place of Business 491 SW 88TH COURT MIAMI FL 33174

Mailing Address

491 SW 88TH COURT MIAMI FL 33174

## FILED Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90069 015 \*\*\*\*61.25



2. Principal Pl	ace of Business	2a. Mailing Addre	ss			3. Date Incorporated or Qualifed			<del>_</del> _	
24		26				02/07/1997				
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			4. FEI Number		I A	oplied For	
27						65-0347689		<del></del>	ot Applicable	
City & State	ox	City & State				5. Certificate of Status Desired			Additional	
23		28	Cou						equired	
Zip						6. Election Campaign Financing	S5.00 May Be Added to Fees			
24 25 29 30 30 9. Name and Address of Current Registered Agent					Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent				to rees	
	5. Name and Address of Current	Registered Agent		81	Name	Talling directions of the state			<del></del>	
BRITO, GEORGE					82 Street Address (P.O. Box Number is Not Acceptable)					
407 LINCOLN ROAD				83						
SUITE 5-B								85 Zip Code		
MIAMI FL 33139				84	City	•	FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florid	a Statutes, the a	bove	-named corp	poration submits this statement for the pur	pose of c	hanging its	s registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida, Such chand	e was authorized	3 DV	tne corporatio	on's board of directors. I hereby accept the	ie appoint	ment as re	egistered	
<del>-</del>		one of coulon of the	,		-					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.		Agen	t signature require		DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PSD	☐ DE	LETE 1.1 TI	TLE				☐ Change	Addition	
NAME	LUJAN, EDUARDO		1.2 N	AME						
STREET ADDRESS			1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33174			TY-SI	r-ZIP			☐ Change	Addition	
TITLE	TVD	□ DE						☐ Change		
NAME	VADILLO, VIRGINIA		2.2 N				•			
STREET ADDRESS	491 SW 88TH CT				ADDRESS					
CITY-ST-ZIP	MIAMI FL 33174			ITY-S	T-ZIP			Change	Addition	
THUE -	D CEODOL	DE								
NAME	BRITO, GEORGE		3.2 N		ADDOCCO					
STREET ADDRESS	407 LINCOLN ROAD, SUITE 5-B		9		ADDRESS					
CITY-ST-ZIP TITLE	MIAMI BEACH FL 33139	[] DE		TY-S	1-48			Change	☐ Addition	
NAME	·	<u> </u>		AME				-		
NAME STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	•			ITY-SI	1					
TITLE		□ DE						Change	☐ Addition	
NAME			5.2 N							
STREET ADDRESS	<i>'</i>		5.3 S	TREET	ADDRESS					
CITY-ST-ZIP			5.4 C	ITY-SI	r-ZIP			,		
TITLE		□ DE	LETE 6.1 T	ITLE			.*	☐ Change	☐ Addition	
NAME .	ì		6.2 N	AME		•				
STREET ADDRESS			6.3 S	TREET	ADDRESS					
CITY-ST-ZIP	,		6.4 C	กรา	r-ZiP	<u> </u>				

14. Thereby 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 cooperation 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 chatged, or on an attachment with an address, with all other like empowered.

SIGNATURE: