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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001002 (1)
 1. Corporation Name
PROFESSIONAL ASSOCIATION OF LATIN INSURANCE WOMEN, INC.

Principal Place of Business 11521 SW 34 LN. MIAMI FL 33165	Mailing Address 11521 SW 34 LN. MIAMI FL 33165
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3. Date incorporated or Qualified 02/21/1997	
4. FEI Number 65-0739486	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ARENCEBIA, M. NANETTE
 11521 SW 34 LN.
 MIAMI FL 33165

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	200002674962-8 -10/28/98-01088-011 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARENCEBIA, M. NANETTE	1.2 NAME	President
STREET ADDRESS	11521 SW 34 LN.	1.3 STREET ADDRESS	CARMEN F. BOALCH
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	1560 NW 203 ST MIAMI FL 33169
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIBOT, ESPERANZA	2.2 NAME	PAST PRESIDENT
STREET ADDRESS	11521 SW 34 LN.	2.3 STREET ADDRESS	ARENCEBIA, M. NANETTE
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	11521 SW 34 LN. MIAMI FL 33165
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILLAREAL, SYLVIA	3.2 NAME	VICE PRESIDENT / TREASURER
STREET ADDRESS	11521 SW 34 LN.	3.3 STREET ADDRESS	GLORIA ALVAREZ
CITY-ST-ZIP	MIAMI FL 33165	3.4 CITY-ST-ZIP	13204 SW 11 TRAIL MIAMI FL 33164
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Carmen F. Boalch **REQUIRED** F. BOALCH 1/28/98 715-9819 305 2850441

CR2E037 (10/97)