

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90135 018 ****70.00

DOCUMENT # N97000006695

1. Corporation Name

LATIN AMERICANS UNITED, INC.

492505 - 90135 - 18 5 *

Principal Place of Business

321 W ATLANTIC BLVD
STE 202
POMPANO BEACH FL 33061
US

Mailing Address

321 W ATLANTIC BLVD
STE 202
POMPANO BEACH FL 33061
US
P.O. Box 654
Pompano
Beach 33060



2. Principal Place of Business

21 340 NW 4th St

Suite, Apt. #, etc.

22 City & State
Pompano Beach

23 Zip
33060

Country

2a. Mailing Address

26 P.O. Box 654

Suite, Apt. #, etc.

27 City & State
Pompano Beach

28 Zip
33060

Country

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

95-2954947

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DELVA, FRANTZ MD
321 W ATLANTIC BLVD
POMPANO BEACH FL 33061

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ARMAND MD, LUCIEN DR

STREET ADDRESS 2071 SW 52ND WAY

CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ DELETE

NAME JOSEPHINE VALERIUS, MARIE

STREET ADDRESS 7212 SW 4TH COURT

CITY-ST-ZIP NORTH LAUDERDALE FL

TITLE D ☐ DELETE

NAME SMITH, FRANTZ CHE

STREET ADDRESS 8201 NW 20TH COURT

CITY-ST-ZIP SUNRISE FL 33322

TITLE D ☐ DELETE

NAME CASIMIR, MARIE ROSE

STREET ADDRESS 9691 SUNSET STRIP

CITY-ST-ZIP SUNRISE FL 33322

TITLE D ☐ DELETE

NAME FREEMAN, RENEE

STREET ADDRESS 11900 NW 35TH ST

CITY-ST-ZIP SUNRISE FL 33323

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 ☐ 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 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, with all other like empowered.

SIGNATURE:

FRANTZ DELVA 3-30-99 954 942 2740

CR2E037 (11/98)