

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006695

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: LATIN AMERICANS UNITED, INC.

## Current Principal Place of Business:

3101 NW 47TH TERRACE  
129-4  
LAUDERDALE LAKES, FL 33319 US

## New Principal Place of Business:

6448 NW HALIBUT STREET  
PORT ST LUCIE, FL 34986 US

## Current Mailing Address:

3101 NW 47TH TERRACE  
129-4  
LAUDERDALE LAKES, FL 33319 US

## New Mailing Address:

6448 NW HALIBUT STREET  
PORT ST LUCIE, FL 34986 US

FEI Number: 95-2954947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELVA, FRANTZ MD  
3101 NW 47TH TERRACE  
129-4  
LAUDERDALE LAKE, FL 33319 US

## Name and Address of New Registered Agent:

DELVA, FRANTZ MD  
6448 NW HALIBUT STREET  
PORT ST LUCIE, FL 34986 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/26/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: ARMAND MD, LUCIEN DR  
Address: 2071 SW 52ND WAY  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: DELVA, MARLENE  
Address: 2360 NW 63RD TERRACE  
City-St-Zip: SUNRISE, FL 33313

Title: D  
Name: SMITH, FRANTZ CHE  
Address: 8201 NW 20TH COURT  
City-St-Zip: SUNRISE, FL 33322

Title: D  
Name: CASIMIR, MARIE ROSE  
Address: 9691 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33322

Title: D  
Name: ARMAND, MARGARETT PHD  
Address: 2071 SW 52ND WAY  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: MARTELLY, MARCELLE PHD  
Address: 1440 NE 201 TERRACE  
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR FRANTZ DELVA

D

04/26/2012

Electronic Signature of Signing Officer or Director

Date