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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90050 019 \*\*\*\*61.25

0016998

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N97000006735**

1. Corporation Name

**LATINOS IN ACTION COMMUNITY DEVELOPMENT CORPORAT  
 ION, INC.**

Principal Place of Business  
 517 WEST COLONIAL DR.  
 ORLANDO FL 32804

Mailing Address  
 517 WEST COLONIAL DR.  
 ORLANDO FL 32804



2. Principal Place of Business

21 **200 EAST COLONIAL DR**

Suite, Apt. #, etc.

22

23 **ORLANDO FL.**

Zip Country

24 **32801** 25 **ORANGE**

2a. Mailing Address

26 **200 EAST COLONIAL DR**

Suite, Apt. #, etc.

27

28 **ORLANDO FL.**

Zip Country

29 **32801** 30 **ORANGE**

3. Date Incorporated or Qualified

**12/03/1997**

4. FEI Number

**59-8075950**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**SUAREZ, ANTHONY**  
**517 WEST COLONIAL DR.**  
**ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name **ROLANDO CINTRON**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**200 EAST COLONIAL DR.**  
 83 **ORLANDO FL.**  
 84 City **FL** 85 Zip Code **32801**

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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SUAREZ, ANTHONY</b>	
STREET ADDRESS	<b>517 WEST COLONIAL DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARRION, JULIO R</b>	
STREET ADDRESS	<b>517 WEST COLONIAL DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SUAREZ, GENEVIEVE</b>	
STREET ADDRESS	<b>517 WEST COLONIAL DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MANITZA JANEZ</b>	
1.3 STREET ADDRESS	<b>9219 EVERWOOD ST.</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO FL - 32825</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>DIRECTOR - PRES.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>KAREN RODRIGUEZ</b>	
3.3 STREET ADDRESS	<b>2502 VALE COURT</b>	
3.4 CITY-ST-ZIP	<b>ORLANDO FL. 32817</b>	
4.1 TITLE	<b>DIRECTOR - SEC.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CHADYS RIOS.</b>	
4.3 STREET ADDRESS	<b>9431 SPRING VALE DR</b>	
4.4 CITY-ST-ZIP	<b>ORLANDO FL - 32825</b>	
5.1 TITLE	<b>EXECUTIVE DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ROLANDO CINTRON</b>	
5.3 STREET ADDRESS	<b>1605 COLUMBIA AVENUE CIR #118</b>	
5.4 CITY-ST-ZIP	<b>KISSIMMEE FL - 34741</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 30 - 1999** 407-841-7373  
 Date Daytime Phone #

CR2E037 (11/98)