SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

N98000002748 DOCUMENT

1. Corporation Name

S.W. FLORIDA LATIN AMERICAN LEAGUE INC.

Principal Place of Business

1154 4TH WAY N. FT. MYERS FL 33903 Mailing Address

1154 4TH WAY

N. FT. MYERS FL 33903

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90141 001 ****61.25





2. Principal Place of Business 2a. Mailing Addre				3. Date Incorporated or Qualified		
21 115,1 4TH WAY	26 USY UTA	26 1/54 474 WAY		05/13/1998		
Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	∠ Apr	lied For
22	27				Not	Applicable
City & State City & State				5. Certificate of Status Desired	\$8.75 A	
23 N. fT. Myers fl. 28 N. for Mys		ers 21		C. Collaboration States States	Fee Rec	quired
Zip Country Zip		Country		6. Election Campaign Financing	\$5.00	May Be
24 33903 25 USA 29 33903 3		0 U.S.A		Trust Fund Contribution	Added to	Fees
Name and Address of Current Registered Agent			,	10. Name and Address of New Registe	ered Agent	
		81	Name			1
LOPEZ, ENRIQUE		82 Street Address (P.O. Box Number is Not Acceptable)				
1154 4TH WAY		ou officer radios (1.5. pox ramos is not respective)				
N. FT. MYERS FL 33903		83				
14. 11. WILITO 12 00300		_				rada .
)		84	City		FL 85 Zip C	oue
44 Developed the provisions of Coding 647 0502 and 617 1509. Elevido Statutes the above named corporation submits this statement for the purpose of changing its registered						registered
office or registered egent, or both, in the State of Florida, Such change was authorized by the compration'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		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
ILICOVAÇÃO .	ENNIQUE LOPEZ					
STREET ADDRESS 1/54 4TH WAY		1.3 STREE	TANDRESS.			
1	1 0/ 23603		T-ZIP			
		2.1 TITLE	(-2)		☐ Change	Addition
	VICE PRESIDENT LIBELETE 2 JUAN PABLO GOMEZ 22				_ •	
			TADORESS			
	5.57		1			ľ
, , , , , , , , , , , , , , , , , , ,	The second		T-ZIP		☐ Change	Addition
	DECTOTATE					_
Francisco Gomez		3.2 NAME				Y
STREET ADDRESS 719 Sharar CT.		3.3 STREE				
CITY-ST-ZIP CAPE COTAL F			ST-ZIP		☐ Change	Addition
Treasurer						
NAME PALSETTO GOME	Alberto 60 Mez					
STREET ADDRESS 13361 METER			ADORESS			j
CITY-ST-ZIP FT. MYCYS +	11: 11: 12: 1		T-ZIP			Addition
Treasurer	☐ DELETE	5.1 TITLE 5.2 NAME			Change	Addition
NAME CAMPIO RAMI	REET ADDRESS 2346 WINKIET AVE APT. J 216			,		
STREET ADDRESS 2346 WINKIE!			FADDRESS			
CITY-ST-ZIP FOR MYERS	F FOIT AMERS \$12 00 10		T-ZIP			
TIME MICHAEL LOPE	Treasurer Delete	6.1 TITLE 6.2 NAME			☐ Change	Addition
NAME TONKY LOPE	Towhy lopez					ļ
STREET ADDRESS 1027 6 CARC C	STREET ADDRESS 1027 & CARE COTAL PKWY		T ADDRESS			
CITY-ST-ZIP CARE COTAL FI. 33904		6.4 CITY-S				
14 have by contifu that the information of	supplied with this filing does not qualify for the	ne evemnt	ion stated in S	Section 119 07(3\(i)) Florida Statutes I furthe	er certify that the in	formation

I nereby ceruly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath; 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: