

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MONTHLY DUE ON OR BEFORE 09/15/99: \$61.25 (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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 PM 1:25

DOCUMENT # N98000004512

1. Corporation Name

LATIN AMERICAN CENTER FOR THE ARTS, INC.

Principal Place of Business

19200 SW 127 AVENUE
MIAMI FL

Mailing Address

19200 SW 127 AVENUE
MIAMI FL

REINSTATEMENT 99-00

2. Principal Place of Business

21 332 NW 34 AV.

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33125

Country

25 USA

2a. Mailing Address

26 P.O. BOX 451238

Suite, Apt. #, etc.

27

City & State

28 MIAMI - FLORIDA

Zip

29 33245

Country

30 USA

3. Date Incorporated or Qualified

08/05/1998

4. FEI Number

65-0858308

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

DE LA TORRIENTE, COSME-ESQ
155 SW 25TH ROAD
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

JORGE LOPEZ

82 Street Address (P.O. Box Number is Not Acceptable)

83 332 NW 34 AV.

84 City

MIAMI

FL

85 Zip Code

33125

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

3-21-2000

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D LOPEZ, JORGE A
STREET ADDRESS 19200 SW 127 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D SIERRA, DAISY
STREET ADDRESS 16982 SW 113 COURT
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE

NAME D BENTANCOURT, OLGA
STREET ADDRESS 16982 SW 113 COURT
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 D JORGE LOPEZ
1.3 STREET ADDRESS 332 NW 34 AV.
1.4 CITY-ST-ZIP MIAMI FL 33125

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D DAISY SIERRA
2.3 STREET ADDRESS 332 NW 34 AV.
2.4 CITY-ST-ZIP MIAMI FL 33125

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME D OLGA BENTANCOURT
3.3 STREET ADDRESS 332 NW 34 AV.
3.4 CITY-ST-ZIP MIAMI FL 33125

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 100003198821-4
4.3 STREET ADDRESS -04/06/00--01091--004
4.4 CITY-ST-ZIP *****298.00 *****298.00

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 X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2000

Date

(305) 541-3096

Daytime Phone #

CR2E037 (5/99)