2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# N98000004512

Entity Name: LATIN AMERICAN CENTER FOR THE ARTS, INC.

Current Principal Place of Business:

299 ALHAMBRA CIRCLE
203
CORALGABLES, FL 33144

New Principal Place of Business:

Current Mailing Address:

299 ALHAMBRA CIRCLE
203
CORALGABLES, FL 33134

New Mailing Address:

FEI Number: 65-0858308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOPEZ, JORGE
299 ALHAMBRA CIRCLE
203
CORALGABLES, FL 33134 US

Name and Address of New Registered Agent:

BETANCOURT, OLGA L
299 ALHAMBRA CIRCLE
203
CORALGABLES, FL 33134 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: OLGA BETANCOURT 10/05/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LOPEZ, JORGE A
Address: 299 ALHAMBRA CIRCLE 203
City-St-Zip: CORALGABLES, FL 33134

Title: D ( ) Delete
Name: SIERRA, DAISY
Address: 299 ALHAMBRA CIRCLE 203
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: BENTANCOURT, OLGA
Address: 299 ALHAMBRA CIRCLE 203
City-St-Zip: CORALGABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BETANCOURT, OLGA
Address: 299 ALHAMBRA CIRCLE 203
City-St-Zip: CORALGABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: BETANCOURT, JOHAN
Address: 299 ALHAMBRA CIRCLE 203
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change ( ) Addition
Name: SIERRA, DAISY
Address: 299 ALHAMBRA CIRCLE 203
City-St-Zip: CORALGABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OLGA BETANCOURT D 10/05/2007
Electronic Signature of Signing Officer or Director Date