NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

We Never Received the Renewal Notice As Per my Conversation with the 03 OCT 17 PM 1:14 I'm sending the appropiate Fee.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004512

1. Entity Name

LATIN AMERICAN CENTER FOR THE ARTS, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE 03

2. Principal Place of Business	3. Mailing Address
7711 SW 20 ST	7711 SW 20 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. FEI Number: 650858308 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JORGE LOPEZ

Street Address (P.O. Box Number is Not Acceptable): 7711 SW 20 ST

City: MIAMI FL Zip Code: 33155

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ JORGE LOPEZ 10/07/03

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JORGE LOPEZ (D) 7711 SW 20 ST MIAMI, FL 33155	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OLGA BETANCOURT (D) 7711 SW 20 ST MIAMI, FL 33155	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700023869887 10/17/03--01018--015 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAISY SIERRA (D) 7711 SW 20 ST MIAMI, FL 33155	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Jorge Lopez 10/07/03 305-263-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037B (12/02)