

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000052728 (9)**

1. Corporation Name

IMMIGRATION LATINA LAW CENTER, P.A.



Principal Place of Business

**8500 W FLAGLER ST
SUITE B-203
MIAMI FL 33144**

Mailing Address

**8500 W FLAGLER ST
SUITE B-203
MIAMI FL 33144**

3. Date Incorporated or Qualified
07/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65 - 0592087

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

RAMOS MATTOS GERARDO

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

8500 West Flagler Street

83

Suite 203 B

84 City

Miami Fl 33144

FL

85 Zip Code
33144

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

GERARDO RAMOS-MATTOS...DPST.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

2-23-96.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
RAMOS-MATTOS, GERARDO
8500 W FLAGLER ST
MIAMI FL 33144** ☐ DELETE

1. TITLE

DPST. ☒ Change ☐ Addition

2. NAME

RAMOS-MATTOS, GERARDO

3. STREET ADDRESS

8500 W FLAGLER ST. # B-203.

4. CITY-ST-ZIP

MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

2. TITLE

DIRECTOR ☐ Change ☒ Addition

2. NAME

MONA TOZZIE,

2. STREET ADDRESS

8500 WEST FLAGLER ST. SUITE B-203

2. CITY-ST-ZIP

MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GERARDO RAMOS-MATTOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96

Date

Designated Officer #

CR2E034 (12/95)