| Current Prir   | E: LATINO COMMUNITY CENTER, CORPORA<br>Incipal Place of Business:<br>INTE PKWY SUITE 119<br>32819   | ATION                   | Secretary o<br>32551243                             |                   |
|--|---|-------------------------|---|-------------------|
| Current Mai  | ling Address:   |                         |   |                   |
|  | POINTE PKWY SUITE 119<br>FL 32819 US  |                         |   |                   |
| FEI Number: 02-0602097   |   |                         | Certificate of Status Desire                        | <b>d:</b> No      |
| Name and A   | ddress of Current Registered Agent:   |                         |   |                   |
| PARRA, LUIS<br>7751 KINGSPO<br>ORLANDO, FL                           | INTE PKWY SUITE 119<br>32819 US   |                         |   |                   |
| The above named  | l entity submits this statement for the purpose of changing its reg   | istered office or regis | tered agent, or both, in the State of Florida       | ì.                |
|  |   |                         |   |                   |
| SIGNATURE  | E: LUIS PARRA   |                         | C   | 6/13/2019         |
| SIGNATURE  | E: LUIS PARRA<br>Electronic Signature of Registered Agent   |                         | C   | 6/13/2019<br>Date |
| SIGNATURE  | Electronic Signature of Registered Agent  |                         | C   |                   |
|  | Electronic Signature of Registered Agent  | Title                   | VP  |                   |
| Officer/Dire   | Electronic Signature of Registered Agent  | Title<br>Name           |   |                   |
| Officer/Dire   | Electronic Signature of Registered Agent<br>ctor Detail :<br>P  |                         | VP  |                   |
| <b>Officer/Dire</b><br>Title<br>Name                                 | Electronic Signature of Registered Agent<br>ctor Detail :<br>P<br>SAENZ QUINTERO, CLAUDIA M<br>14438 DULCIMER CT                          | Name                    | VP<br>BLANCO, HECTOR H CARRENO<br>14438 DULCIMER CT |                   |
| <b>Officer/Dire</b><br>Title<br>Name<br>Address                      | Electronic Signature of Registered Agent<br>ctor Detail :<br>P<br>SAENZ QUINTERO, CLAUDIA M<br>14438 DULCIMER CT                          | Name<br>Address         | VP<br>BLANCO, HECTOR H CARRENO<br>14438 DULCIMER CT |                   |
| Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:          | Electronic Signature of Registered Agent<br>ctor Detail :<br>P<br>SAENZ QUINTERO, CLAUDIA M<br>14438 DULCIMER CT<br>ORLANDO FL 32837      | Name<br>Address         | VP<br>BLANCO, HECTOR H CARRENO<br>14438 DULCIMER CT |                   |
| Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title | Electronic Signature of Registered Agent<br>ctor Detail :<br>P<br>SAENZ QUINTERO, CLAUDIA M<br>14438 DULCIMER CT<br>ORLANDO FL 32837<br>T | Name<br>Address         | VP<br>BLANCO, HECTOR H CARRENO<br>14438 DULCIMER CT |                   |

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004681

I hereby 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 all other like empowered.

SIGNATURE: CLAUDIA M SAENZ QUINTERO

PRESIDENT

06/13/2019

FILED Jun 13, 2019

**Secretary of State** 

Electronic Signature of Signing Officer/Director Detail