

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **F94000006632 (3)**
 1. Corporation Name
LATIN PRESS, INC.



Principal Place of Business: **39 PRESTON DRIVE SOMERVILLE NJ 08876**
 Mailing Address: **39 PRESTON DRIVE SOMERVILLE NJ 08876**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 21416 TIGERTAIL AVE		26 21416 TIGERTAIL AVE		12/28/1994	
Suite, Apt. #, etc. Ste 108		Suite, Apt. #, etc. Ste 108		4. FEI Number 22-3239872	
City & State MIAMI FL		City & State MIAMI FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33133	Country USA	Zip 33133	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
AKERMAN, SENTERFIT & EIDSON, P.A. 216 SOUTH MONROE STREET, STE 200 TALAHASSEE FL 32302				81 Name MANUELA JARAMILLO	
				82 Street Address (P.O. Box Number is Not Acceptable) 21416 TIGERTAIL AVE	
				83 Ste 108	
				84 City MIAMI 33133 FL 85 Zip Code 33133	
11. Pursuant to the provisions of Sections 607.0507 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 <i>[Signature]</i>				DATE 3/20/98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARAMILLO, MAX	1.2 NAME	
STREET ADDRESS	39 PRESTON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERVILLE NJ	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARAMILLO, MANUELA	2.2 NAME	
STREET ADDRESS	39 PRESTON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERVILLE NJ	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/10/98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)