FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G43945** **(6)**

1. Corporation Name
LATIN TRADING, INC.

Principal Place of Business	Mailing Address
~~830 NE POP TILTON'S PLACE~~ ~~JENSEN BEACH FL 34957~~	~~830 N.E. POP TILTON'S PLACE~~ ~~JENSEN BEACH FL 34957~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/16/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 5201 BLUE LAGOON DR.	26 5201 BLUE LAGOON DR.
Suite, Apt. #, etc. 22 SUITE 700	Suite, Apt. #, etc. 27 SUITE 700
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33126 Country 25	Zip 29 33126 Country 30

4. FEI Number: 59-2331724 ☐ Applied For ☐ Not Applicable

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
~~BARRY G. CRAIG, P.A.~~ ~~C/O MERSHON, SAWYER, JOHNSTON, DUNWODY~~ ~~200 S. BISCAYNE BLVD., SUITE 4500~~ ~~MIAMI FL 33131~~	81 Name: OSVALDO PI 82 Street Address (P.O. Box Number is Not Acceptable): 5201 BLUE LAGOON DR. 83: SUITE 700 84 City: MIAMI FL 85 Zip Code: 33126

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 _____ 4-19-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	C, P, D	☐ Change ☑ Addition
NAME	~~FRANCESCANI, CHARLES W.~~	12 NAME	HUMBERTO J. GONZALEZ	
STREET ADDRESS	~~830 N.E. POP TILTON'S PLACE~~ DELETE	13 STREET ADDRESS	5201 BLUE LAGOON DR., SUITE 700	
CITY · ST · ZIP	~~JENSEN BCH. FL~~	14 CITY · ST · ZIP	MIAMI, FL 33126	
TITLE	~~OT~~	21 TITLE	S, T, V, D	☑ Change ☐ Addition
NAME	PI, OSVALDO	22 NAME	OSVALDO PI	
STREET ADDRESS	~~830 NE POP TILTON'S PLACE~~	23 STREET ADDRESS	5201 BLUE LAGOON DR., SUITE 700	
CITY · ST · ZIP	~~JENSEN BEACH FL~~	24 CITY · ST · ZIP	MIAMI, FL 33126	
TITLE	~~D~~	31 TITLE	V, D	☐ Change ☑ Addition
NAME	~~WALLENBERG, PEDER~~	32 NAME	KIRK MCLEAN	
STREET ADDRESS	~~HAMMERWOOD E. GRINSTEAD~~ DELETE	33 STREET ADDRESS	5201 BLUE LAGOON DR., SUITE 700	
CITY · ST · ZIP	~~WEST SUSSEX RH~~	34 CITY · ST · ZIP	MIAMI, FL 33126	
TITLE		41 TITLE	V, D	☐ Change ☑ Addition
NAME		42 NAME	JOHN TRUPELLI	
STREET ADDRESS		43 STREET ADDRESS	5201 BLUE LAGOON DR., SUITE 700	
CITY · ST · ZIP		44 CITY · ST · ZIP	MIAMI, FL 33126	
TITLE		51 TITLE	V	☐ Change ☑ Addition
NAME		52 NAME	ERNESTO DE LA HOZ	
STREET ADDRESS		53 STREET ADDRESS	5201 BLUE LAGOON DR., SUITE 700	
CITY · ST · ZIP		54 CITY · ST · ZIP	MIAMI, FL 33126	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY · ST · ZIP		64 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)(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: OSVALDO PI 4-19-95 (305) 265-4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376075 CP