

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000040777

1. Entity Name
LATIN-AMERICAN INVESTMENT HOLDINGS, INC.



Principal Place of Business
**9480 SOUTH DIXIE HWY.
MIAMI, FL 33156**

Mailing Address
**9480 SOUTH DIXIE HWY.
MIAMI, FL 33156**



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0492035

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RINCON, JOHN B
9160 SW 92 CT
MIAMI, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$180.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RINCON, JOHN B
STREET ADDRESS	9160 SW 92 CT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	RINCON, CARLOS
STREET ADDRESS	16901 SW 83RD AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VP
NAME	RINCON, CESAR
STREET ADDRESS	16282 CAYUGA CIRCLE
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	GM
NAME	PEREZ, JUAN
STREET ADDRESS	13656 SW 117 LANE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000752962
05/22/07-80001-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Bonifacio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07
Date

Daytime Phone #