

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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90114 030 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000004801**

1. Corporation Name  
**LATAMER ENTERPRISES USA, INC.**



Principal Place of Business P.O. BOX 220230 HOLLYWOOD FL 33022-0230	Mailing Address P.O. BOX 220230 HOLLYWOOD FL 33022-0230
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>P.O. Box 290057</b>	2a. Mailing Address 26 <b>PO Box 290057</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>DAVIE FL</b>	City & State 28 <b>DAVIE, FL</b>
Zip 24 <b>33329</b> Country 25 <b>USA</b>	Zip 29 <b>33329</b> Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>01/14/1998</b>	Applied For Not Applicable
4. FEI Number <b>65-0808874</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BRIEN, JOSEPH**  
**1909 HARRISON STREET STE. 212**  
**HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name <b>TERRY J CLARK</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4251 SW 54 AV</b>
83
84 City <b>DAVIE</b> FL 85 Zip Code <b>33314</b>

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: *Terry J. Clark, President* DATE: **99 Mar 31**  
Signature, typed or printed name of registered agent as applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>CLARK, GLENN R</b>
STREET ADDRESS <b>P.O. BOX 220230</b>	CITY-ST-ZIP <b>HOLLYWOOD FL 33022-0230</b>
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>CLARK, GLENN R</b>
1.3 STREET ADDRESS <b>PO BOX 290057</b>
1.4 CITY-ST-ZIP <b>DAVIE, FL 33329</b>
2.1 TITLE <b>P/S/C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>CLARK, TERRY J</b>
2.3 STREET ADDRESS <b>PO BOX 290057</b>
2.4 CITY-ST-ZIP <b>DAVIE FL 33329</b>
3.1 TITLE <b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>GURNOVICH, LUDMILA</b>
3.3 STREET ADDRESS <b>PO BOX 290057</b>
3.4 CITY-ST-ZIP <b>DAVIE, FL 33329</b>
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Terry J. Clark, President* DATE: **99 Mar 31** (954) 327-8257  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)