

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

FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000001968 (6)

1. Corporation Name:  
LATINENERGY, INC.



Principal Place of Business

510 BERING DRIVE  
#300  
HOUSTON TX 77057  
US

Mailing Address

510 BERING DRIVE  
#300  
HOUSTON TX 77057-1400  
US

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

03/11/1996

2. Principal Place of Business

21 445 Grand Bay Dr  
Suite, Apt #, etc.

2a. Mailing Address

26 445 Grand Bay Dr  
Suite, Apt #, etc.

4. FEI Number

76-0426878

Applied For

Not Applicable

22 #709

27 #709

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 Key Biscayne, Florida

28 Key Biscayne, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 33149

25 USA

29 33149

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOPEZ-CASTRO, AMADEO II  
901 PONCE DE LEON BLVD.  
SUITE 304  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ENRIQUE CARRERO  
82 Street Address (P.O. Box Number is Not Acceptable): 445 Grand Bay Dr  
83 #709  
84 City: Key Biscayne FL 85 Zip Code: 33149

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

Signature, typed or printed name of person or agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARRERO, ENRIQUE	
STREET ADDRESS	13 WOODLAKE SQUARE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARRERO, KATHRYN	
STREET ADDRESS	13 WOODLAKE SQUARE	
CITY-ST-ZIP	HOUSTON TX 77063	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARRERO, ENRIQUE	
1.3 STREET ADDRESS	445 Grand Bay Dr #709	
1.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
2.1 TITLE	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARRERO, KATHRYN	
2.3 STREET ADDRESS	445 Grand Bay Dr #709	
2.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

Date

Daytime Phone #

CR2E034 (9/96)