PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000001968 1. Corporation Name

LATINENERGY, INC.

Principal Place of Business

445 GRAND BAY DR #709 KEY BISCAYNE FL 33149 US

2. Principa Place of Business

Sulte

MAMI

City & State

444 Brickell

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DADE

9. Name and Address of Current Registered Agent

Mailing Address

445 GRAND BAY DR #709 KEY BISCAYNE FL 33149 HS

2a. Mailing Address

Suite

33131

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Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90104 007 *****8.75 04-26-1999 90104 008 *****5.00 04-26-1999 90104 009 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 04/15/1994 4. FEI Number Applied For 76-0426878 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Electio : Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 10. Name and Address of New Registered Agent

85

Zip Code

LOPEZ-CASTRO, AMADEO III Street Acdress (P.O. Box Number is Not Acceptable) 82 901 PONCE DE LEON BLVD. SUITE 304 CORAL GABLES FL 33134 84 City

444 Brickell

MIAMI, FLOTIOS

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11. Pursuant to the provisions of Scittons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of circutors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Dade

SIGNATURE (NOT : Registered Agent signature required when reinstating) Signature, typed or printed naine of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition □ DELETE 1,1 TITLE TITLE CARRERO, ENRIQUE 1 2 NAME NAME 445 GRAND BAY DR #709 1.3 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 21 TITLE TITLE CARRERO, KATHRYN 2 2 NAME NAME 445 GRAND BAY DR #709 2.3 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition ☐ DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRE 3S 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 or derivative that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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.

JEJUS ENRIBUE CALCETO
SIGNATI RE AND TYPED OR JENTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)