APPROVED
04-25-2005 90261 036 ***300.00
FILED
P95000023013

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000023013

1. Entity Name
LATIN AMERICAN FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
200 South Biscayne Blvd.. Suite 3750 Miami, Florida 33131	200 South Biscayne Blvd.. Suite 3750 Miami, Florida 33131
2. Principal Place of Business: 200 SOUTH BISCAYNE BLVD.	3. Mailing Address: 200 SOUTH BISCAYNE BLVD.
Suite, Apt. #, etc.: 3750	Suite, Apt. #, etc.: 3750
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

04212005 REIN-P CR2E098 (6/04)

@ 04-05

4. FEI Number: 65-0651201 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTILLO B., ALVARO B 1533 SUNSET DRIVE, SUITE 201 MIAMI, FL 33143	Name: ALVARO B. CASTILLO B Street Address (P.O. Box Number is Not Acceptable): 1533 SUSET DRIVE SUITE 201 City: MIAMI FL Zip Code 33143

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZAMORA, ROBERTO 200 South Biscayne Blvd.. Suite 3750 Miami, Florida 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZAMORA, MARIA J 200 South Biscayne Blvd.. 50 Suite 3750 Miami, Florida 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #