

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 270668 (7)
1. Corporation Name
NORTH AND LATIN-AMERICAN DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
5201 BLUE LAGOON DRIVE
SUITE 530
MIAMI FL 33126
US

3. Date Incorporated or Qualified 06/07/1963 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address
21 9245 S.W. 157th ST.
Suite, Apt. #, etc.

4. FEI Number 59-1101869
Applied For Not Applicable

22 103
City & State

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

23 MIAMI, FL 33157
City & State

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

24 Zip Country 25 33157 29 DADE
Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKAY, CHARLES F.
9701 SW 148 STREET
MIAMI FL 33176

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 registered agent or director (Typed name of registered agent or director must be typed in Block 12.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	
NAME	MCKAY, CHARLES F.	1.2 NAME	
STREET ADDRESS	9701 SW 148 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	NORTON, HENRY Z.	2.2 NAME	
STREET ADDRESS	6400 CABALLERO	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MCKAY, MARGARET E	3.2 NAME	
STREET ADDRESS	9701 SW 148 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, the recorder 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: *Sandra B. Mortham* 4/30/96 305-255-8650
Signature typed or printed name of signing officer or director

CR2E034 (12/95)