

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90004 040 ***150.00

DOCUMENT # 838562
1. Entity Name
LATIN AMERICAN INVESTMENT CORPORATION (LAICO), A

DO NOT WRITE IN THIS SPACE

656260

2. Principal Place of Business
1101 Brickell Ave.
Suite, Apt. #, etc.
Ste 1700
City & State
Miami, FL 33131
Zip Country

3. Mailing Address
1101 Brickell Ave.
Suite, Apt. #, etc.
Ste 1700
City & State
Miami, FL 33131
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0137078 Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
Name
Demos, Angelo P.
Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Ave., Ste 1700
City
Miami FL Zip Code
33131

DO NOT WRITE IN THIS SPACE

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PAREJA, CECILIA G. 600 Grapetree Dr. 5A-S Key Biscayne, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUARDERAS, LEONARDO 600 Grapetree Dr., 5A-S Key Biscayne, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cecilia G. Pareja*
CECILIA G. PAREJA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02 **305-361-2581**
Date Daytime Phone #

CR2E034B (12/01)