2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000002892 1. Entity Name LATINWAY.COM, INC.							Secretary of State 04-18-2002 90337 020 ***150.00		
Principal Place of Business 8180 N.W. 36TH STREET. SUITE 101 MIAMI FL 33166				Mailing Address 8180 N.W. 36TH STREET. SUITE 101 MIAMI FL 33166			f 1884/88 Jihl Belik Belik abini beli	I Ja ni Be sii Ba isa maai kasi	<u> </u>
2. Principal Place of Business				3. Mailing Address 5560 NW 114th AVE					
Suite, Apt	i. #, etc.		Suit	Suite, Apt. #, etc. # 104			DO NOT WRITE IN THIS SPACE		
City & State				City & State MIAMI., FLORIDA			FEI Number 65-0946406		pplied For lot Applicable
Zip	i e	Country		3178	Country DADE	5.	Certificate of Status Desired	\$8.75 Ac Fee Requir	
	6.≻ Name	and Address of Cur	rent Registere	ed Agent	Name	7. Name and Address of New Registered Agent Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE EL 22201 2525					Street	Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525					City	FL Zip Code			
						0.00 5550.00	einstating) 10. Election Campaign Fina Trust Fund Contribution	~ _ ~~	00 May Be
11.		OFFICERS A	ND DIRECTO	RS	12.		L DITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 11
TITLE NAME Street address City-St-Zip	PTD CONTRERA 1325 PONG CORAL GA	as, david De de Leon Blyd Bles fl 33134-44	., NA 400 18	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2905) RERAS, DAVID 5 POINT BAST DRIVI JTURA, FL 33160	Ø Change € APT L504	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAKAL, SC 2 NORTH I CHICAGO	Lasalle Street,	SUITE 2200	⊠ Delete	TITLE NAME STREET ADDRESS: CITY-ST-ZĪP	ر جست ۳ مد درد	en e	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DV ALVARADO 5560 NW 1 MIAMI FL 3	14TH AVE., APT 10	04	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D ALVAR 55601 M/AM	LADO, ALEX NW 11471+ AVE, A U, FL 33178	☑ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ITLE NAME STREET ADDRESS CITY-ST-ZIP		\ <u>\</u>		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ITLE IAME TREET AODRESS				☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition

13. 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 11 or Block 12 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

4/10/02

305-406-9091