FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 2:01

DOCUMENT # **F79870** **(4)**

1. Corporation Name
LATIN AMERICAN BASIN IMPORT EXPORT, INC.

Principal Place of Business	Mailing Address
7661 N W 68 ST #105-110 MIAMI FL 33166-2811	7661 N W 68 ST #105-110 MIAMI FL 33166-2811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/13/1982**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **59-2194209** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

GUTHRIE, REX B.
200 S BISCAYNE BLVD STE 4950
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LLANES, ARMANDO	12 NAME	
STREET ADDRESS	19525 WEST LAKE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	LLANES, GAYLE	22 NAME	
STREET ADDRESS	19525 W. LAKE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	LLANES, ALEJANDRO	32 NAME	
STREET ADDRESS	20131 N.W. 81ST COURT	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33015	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	LLANES, MAURICIO	42 NAME	
STREET ADDRESS	380 WHITEHORN DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LLANES, ALFONSO	52 NAME	
STREET ADDRESS	8870 FOUNTAINBLEAU BLVD, #207	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BONILLA, DIANA LLANES	62 NAME	
STREET ADDRESS	10900 N.W. 83RD AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	64 CITY-ST-ZIP	

REMITTED BY MAY 1

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 supplemental 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 or the receiver 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: Gaye LLANES 05/08/95 (305) 884 0216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183079 CP