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 # **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

3. Date Incorporated or Qualified: **05/13/1982**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 7775 N.W. 66th. STREET	26 7775 N.W. 66th. STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33166-2811 Country 25 USA	Zip 29 33166-2811 Country 30 USA

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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LLANES, ARMANDO		1.2 NAME		
STREET ADDRESS	19525 WEST LAKE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LLANES, GAYLE		2.2 NAME		
STREET ADDRESS	19525 W. LAKE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LLANES, ALEJANDRO		3.2 NAME		
STREET ADDRESS	20131 N.W. 81ST COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33015		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	V/D	XX Change ☐ Addition
NAME	LLANES, ALFONSO		4.2 NAME	LLANES, ALFONSO	
STREET ADDRESS	8870 FOUNTAINBLEAU BLVD, #207		4.3 STREET ADDRESS	8870 FOUNTAINBLEAU BLVD. #207	
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33172	
TITLE	D	☐ DELETE	5.1 TITLE	T/D	XX Change ☐ Addition
NAME	BONILLA, DIANA LLANES		5.2 NAME	BONILLA, DIANA DENISE	
STREET ADDRESS	19900 N.W. 83RD AVE.		5.3 STREET ADDRESS	19900 N.W. 83rd. AVENUE	
CITY-ST-ZIP	MIAMI FL 33015		5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33015	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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: Gayle Llanes 4/9/96 305-639-2629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #