

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
7775 NW 66TH STREET
MIAMI FL 33166-2811
US

Mailing Address
7775 BW 66TH STREET
MIAMI FL 33166
US

3. Date Incorporated or Qualified
05/13/1982

3a. Date of Last Report
04/16/1996

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

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

2a. Mailing Address
25 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country

21 7775 N.W. 66th STREET
27 MIAMI, FLORIDA
28 33166
29 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VP, D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LLANES, ARMANDO			1.2 NAME	ESTEVEZ, MARIA		
STREET ADDRESS	19525 WEST LAKE DRIVE			1.3 STREET ADDRESS	1335 S.W. 86th COURT		
CITY-ST-ZIP	HIALEAH FL 33015			1.4 CITY-ST-ZIP	MIAMI, FL 33144		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLANES, GAYLE			2.2 NAME	LLANES, GAYE		
STREET ADDRESS	19525 W. LAKE DRIVE			2.3 STREET ADDRESS	19525 W. LAKE DRIVE		
CITY-ST-ZIP	HIALEAH FL 33015			2.4 CITY-ST-ZIP	HIALEAH, FL 33015		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	S, T, D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLANES, ALEJANDRO			3.2 NAME	BONILLA, DIANA DENISE		
STREET ADDRESS	20131 N.W. 81ST COURT			3.3 STREET ADDRESS	19900 N.W. 83rd AVENUE		
CITY-ST-ZIP	HIALEAH FL 33015			3.4 CITY-ST-ZIP	HIALEAH, FL 33015		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> 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			4.4 CITY-ST-ZIP	MIAMI, FL		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BONILLA, DIANA LLANES			5.2 NAME	LLANES, MAURICIO		
STREET ADDRESS	19900 NW 83RD AVE			5.3 STREET ADDRESS	380 WHITEHORN DRIVE		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: _____ SIGNATURE REQUIRED
ALEJANDRO LLANES
4/29/97 (305) 639 2629
Date Daytime Phone #

CR2E034 (9/96)