

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90094 049 \*\*\*150.00

DOCUMENT # F79870

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 NW 66TH ST  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1982

4. FEI Number

59-2194209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

☐

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE

NAME ESTEVEZ, MARIA  
STREET ADDRESS 1335 SW 86TH COURT  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME LLANES, GAYE  
STREET ADDRESS 19525 W. LAKE DRIVE  
CITY-ST-ZIP HIALEAH FL

TITLE D ☐ DELETE

NAME LLANES, MAURICIO  
STREET ADDRESS 380 WHITEHORN DR  
CITY-ST-ZIP MIAMI SPGS FL

TITLE D ☐ DELETE

NAME LLANES, ALFONSO  
STREET ADDRESS 10341-1 NW 9TH ST CIRCLE 1  
CITY-ST-ZIP MIAMI FL 33172

TITLE STD ☐ DELETE

NAME BONILLA, DIANA LLANES  
STREET ADDRESS 19900 NW 83RD AVE  
CITY-ST-ZIP MIAMI FL

TITLE P ☐ DELETE

NAME LLANES, ALEJANDRO A.  
STREET ADDRESS 20141 NW 81ST COURT  
CITY-ST-ZIP MIAMI FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/1/98)