

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90042 007 ***150.00

DOCUMENT # F79870

1. Entity Name

LATIN AMERICAN BASIN IMPORT EXPORT, INC.

Principal Place of Business

Mailing Address

7775 NW 66TH STREET
 MIAMI FL 33166-2811
 US

7775 NW 66TH ST
 MIAMI FL 33166-2717
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2194209

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **VPD** Delete
 NAME: **ESTEVEZ, MARIA**
 STREET ADDRESS: **1335 SW 86TH COURT**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **LLANES, GAYE**
 STREET ADDRESS: **19525 W. LAKE DRIVE**
 CITY-ST-ZIP: **HIALEAH FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **LLANES, MAURICIO**
 STREET ADDRESS: **380 WHITEHORN DR**
 CITY-ST-ZIP: **MIAMI SPGS FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **LLANES, ALFONSO**
 STREET ADDRESS: **10341-1 NW 9TH ST CIRCLE 1**
 CITY-ST-ZIP: **MIAMI FL 33172**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **STD** Delete
 NAME: **BONILLA, DIANA LLANES**
 STREET ADDRESS: **19900 NW 83RD AVE**
 CITY-ST-ZIP: **MIAMI FL**

TITLE: Change Addition
 NAME: **DIANA DENISE BONILLAR**
 STREET ADDRESS: **19900 NW 83RD AVE**
 CITY-ST-ZIP: **MIAMI, FL 33015**

TITLE: **P** Delete
 NAME: **LLANES, ALEJANDRO A.**
 STREET ADDRESS: **20141 NW 81ST COURT**
 CITY-ST-ZIP: **MIAMI FL 33015**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00 (305) 6392629

Date

Daytime Phone #

CR25024 (10/00)