

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90006 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F96000002392

1. Corporation Name
LATINREP ASSOCIATES, INC.



Principal Place of Business
 1970 BROADWAY #1040 OAKLAND CA 94612

Mailing Address
 1970 BROADWAY #1040 OAKLAND CA 94612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1996

4. FEI Number
94-3214371

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 owes the current year Intangible Personal Property. Yes No

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

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

9. Name and Address of Current Registered Agent
GALLO, JORGE
713 85TH ST
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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

TITLE	STD	<input type="checkbox"/> DELETE
NAME	RICHARD, KEN	
STREET ADDRESS	4234 COOLIDGE AVE	
CITY-ST-ZIP	OAKLAND CA 94602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *KEN RICHARD* KENETH RICHARD 4-16-99 510 433 5950

CR2E034 (5/99)



LATINREP ASSOCIATES, INC.™

F9600000 2392
595194-90006-50

Corporate Office
LatinRep Associates, Inc.
1970 Broadway, Suite 1040
Oakland, CA 94612
Tel 510.433.5950
Fax 510.433.5959
Toll free 888.4.LATINREP
Email sales@latinrep.com

With offices in:

- Miami
- Argentina
- Brasil
- Chile
- México

June 30, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern:

This is our SECOND ATTEMPT at filing our Profit Corporation Annual Report for 1999. On April 16, 1999 we mailed check #3405 in the amount of \$150.00 along with our report. The office I called today told me that the report has not been received. I then called our bank and put a STOP PAYMENT on Check #3405, since it had not been cashed.

Enclosed you will find our replacement check # 3570 and another copy of the report for filing.

Please call me if you have any questions,

Maria Meister
VP Finance
510-433-5950 ext 13