

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90006 010 \*\*\*150.00

**DOCUMENT # F99000002321**

1. Entity Name  
**LATIN AMERICAN ACCESS CORP.**

Principal Place of Business <b>4770 BISCAYNE BLVD          SUITE #700          MIAMI FL 33137</b>	Mailing Address <b>4770 BISCAYNE BLVD          SUITE #700          MIAMI FL 33137</b>
--	--



DO NOT WRITE IN THIS SPACE

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 <b>65-0951980</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**BRITO, LEONARD F  
 1001 BRICKELL BAY DRIVE, SUITE 3000  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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, 2001 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	
TITLE NAME PDC <b>ZUNIGA, LUIS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>100 SE 2ND ST., NATIONS BANK TOWER</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE NAME VCD <b>BRITO, LEONARD F</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1001 BRICKELL BAY DRIVE, SUITE 3000</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE NAME DS <b>BENTATA, ARIEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>100 SE 2ND ST., NATIONS BANK TOWER</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE NAME T <b>BENTATA, DAPHNA</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>100 SE 2ND ST., NATIONS BANK TOWER</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <b>ALBERTO PEISACH</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>2999 NE 191 STREET</b>	
CITY-ST-ZIP <b>SUITE P142, AVENTURA FL 33180</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <b>JANE PEISACH</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>2999 NE 191 STREET</b>	
CITY-ST-ZIP <b>SUITE P142, AVENTURA FL 33180</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ariel Bentata* **ARIEL BENTATA** 1/10/01 (305) 96-3900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)