FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -7 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H35950** **(5)**

1. Corporation Name

LATIN AMERICAN MARKETING, INC.

Principal Place of Business	Mailing Address
% DAVID MOSKOWITZ 10425 S.W. 128 TER. MIAMI FL 33176	% DAVID MOSKOWITZ 10425 S.W. 128 TER. MIAMI FL 33176

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1984
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 % DAVID MOSKOWITZ	26 % DAVID MOSKOWITZ
Suite, Apt. #, etc. 22 2695 EDGEWATER CT	Suite, Apt. #, etc. 27 2695 EDGEWATER CT
City & State 23 FORT LAUDERDALE, FL.	City & State 28 FORT LAUDERDALE, FL.
Zip / Country 24 33332 / 25 BROWARD	Zip / Country 29 33332 / 30 BROWARD

4. FEI Number: 22-2575250 ☐ 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

9. Name and Address of Current Registered Agent

MOSKOWITZ, DAVID
10425 S.W. 128 TER.
SUITE 311
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: DAVID MOSKOWITZ
82 Street Address (P.O. Box Number is Not Acceptable): 2695 EDGEWATER CT
83 FORT LAUDERDALE
84 City: FL 85 Zip Code: 33332

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] DAVID MOSKOWITZ 3/22/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstated) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☑ Change ☐ Addition
NAME	MOSKOWITZ, DAVID	1.2 NAME	DAVID MOSKOWITZ
STREET ADDRESS	10425 S.W. 128TH TERRACE	1.3 STREET ADDRESS	2695 EDGEWATER CT
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33332
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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] 2/22/95 305 274-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103767 CP