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 MAY -1 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H38777** **(9)**

1. Corporation Name
LATIN AMERICAN COFFEE & COMMODITIES, INC.

Principal Place of Business	Mailing Address
1220 ATLANTA AVENUE ORLANDO FL 32806 US	1220 ATLANTA DRIVE ORLANDO FL 32806 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/21/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-2632856** ☐ 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

LAMASTUS, LEONARD
2013 TUXEDO AVENUE
#A
ORLANDO FL 32807

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PM	11 TITLE	☐ Change ☐ Addition
NAME	LAMASTUS, LEONARD	12 NAME	
STREET ADDRESS	2013 TUXEDO AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	LAMASTUS, DARYLAINE	22 NAME	
STREET ADDRESS	2013 TUXEDO AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	LAMASTUS, THATCHER	32 NAME	
STREET ADDRESS	1202 REGAL RIDGE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	LAMASTUS, DARYLAINE	42 NAME	
STREET ADDRESS	2013 TUXEDO AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LAMASTUS, PATRICK	52 NAME	
STREET ADDRESS	2013 TUXEDO AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	C	61 TITLE	☐ Change ☐ Addition
NAME	LAMASTUS, LUIS	62 NAME	
STREET ADDRESS	1202 REGAL RIDGE DR.	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 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)(k), 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: _____ DARYLAINE LAMASTUS 4-25-95 407-249-1597
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084047 CP