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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # H38777

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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 owes the current year intangible Personal Property Tax. ☐ 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: LAMASTUS, DARYLAINE
82 Street Address (P.O. Box Number is Not Acceptable): 2013 Tuxedo Avenue
83
84 City: Orlando FL 85 Zip Code: 32807

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: Leonard Lamastus DARYLAINE LAMASTUS, PRESIDENT 4.29.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PM	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	LAMASTUS, LEONARD		1.2 NAME	DARYLAINE LAMASTUS	
STREET ADDRESS	2013 TUXEDO AVE.		1.3 STREET ADDRESS	2013 Tuxedo Avenue	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, FL 32807	
TITLE	V	☒ DELETE	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	FARIAS, CARMEN		2.2 NAME	Miguel Zorilla	
STREET ADDRESS	8107 PAMLICO ST		2.3 STREET ADDRESS	1220 Atlanta Avenue	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32806	
TITLE	T	☒ DELETE	3.1 TITLE	Farias, Carmen	☒ Change ☐ Addition
NAME	LAMASTUS, THATCHER		3.2 NAME	12470 CastleMain Trail	
STREET ADDRESS	1202 REGAL RIDGE DR.		3.3 STREET ADDRESS	Orlando, FL 32828	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	Secretary	☐ Change ☐ Addition
NAME	LAMASTUS, DARYLAINE		4.2 NAME	Lamastus, Darylaine	
STREET ADDRESS	2013 TUXEDO AVENUE		4.3 STREET ADDRESS	2013 Tuxedo Avenue	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32807	
TITLE	D	☒ DELETE	5.1 TITLE	Hernández German	☒ Change ☐ Addition
NAME	LAMASTUS, PATRICK		5.2 NAME	Urb. San Lorenzo A-17	
STREET ADDRESS	2013 TUXEDO AVE.		5.3 STREET ADDRESS	Arecibo, P.R. 00612	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	C	☒ DELETE	6.1 TITLE	Garces, Carmen	☒ Change ☐ Addition
NAME	LAMASTUS, LUIS		6.2 NAME	Urb. San Lorenzo A-17	
STREET ADDRESS	1202 REGAL RIDGE DR.		6.3 STREET ADDRESS	Arecibo, P.R. 00612	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4-12-99 — (407) 839-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #