2001	IUNI	FUNM BUSI	MESS REPU	/N I	(UDI	n <i>j</i>			-			
DOCUMENT # H82343 1. Entity Name							FILED					
LATIN SUNSET, INC.							TILED					
Entri Bonder, 1000							OI APR 18 PM 4: 28  SECRETARY OF STATE TALLAHASSEE FLORIDA					
Principal Place of Business Mailing Address								ė.	CRETA	RY OF	STATE	۸
9606 SW 72nd STREET MIAMI, FL 33173								TA	LLAHAS	ssee f	LOKIO	3
•												
2. Principal P	lace of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	е		City & State								Applied For Not Applicable	
Zip	Country		Zip	Zip Coun							<b>\$8.75</b> A Fee Requ	
				7. Name	and Addres	s of New R	egistered	Agent				
	GALINI	DO 3rd STREET		Name								
MIAMI		33176		Street Address (P.O. Box Number is Not Acceptable)								
	•			City								
						FL Zip Code						
8. The above	named entity	y submits this statement for	the purpose of changing its	registere	d office or	r registere	ed agent, o	or both, in the	State of Flo	rida.		
						•						
SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title if applicable. (NO1	E. Registered	Agent signal	ure required	when reinstati	ng)		DATE		
<b>6</b> The second				and the second second second		V Profession	78 F					
		ible to satisfy its Intangible and elects to do so.	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00			4.3	<ol> <li>Election Ca Trust Fund</li> </ol>	ampaign Fin. Contribution			.00 May Be ted to Fees
(See criter	ria on back)		Make Check Payal	ble to De	partmen	t of Stat	3. F. K.					
11.	55	OFFICERS AND (		12.		TD D.C.	ADDITI	ONS/CHANG	ES TO OFFI	ICERS AND		
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STREET ADDRESS		SW 130th ST	REET	T ADDRESS	MADELAINE GALINDO SS 10988 SW 59th CT.							
CITY-ST-ZIP	MIAMI, FL 33176				ST-ZIP		MI, FL 33176					
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NAME	MADEL	AINE GALINGO		NAME			MADELAINE Z. GALINDO					
STREET ADDRESS CITY-ST-ZIP		SW 59th CT		ET ADDRESS ST-ZIP	10988 SW 59th CT.							
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NAME STREET ADDRESS				NAME STREE	: Et address				-04/30	J/UI~	U1UU∠~ *******	""ሀረ <b>ን</b> ኅደበ በበ
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NAME				NAME				)	۱۱/	$K_I$		
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP				()	X)		
	ertify that the	e information shoplied with	this filing does not qualify to			ted in Sec	tion 119.0		la Statutes. I	further ce	rtify that the	e information

indicated on this report or supplemental report is supplemental report is supplemental report or supplemental report is fue 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 at other like empowered.

SIGNATURE:

Daytime Phone # Date