


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90080 043 ****50.00

DOCUMENT # L02000029506	
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1. Entity Name JN LATIN, LLC	Principal Place of Business 1001 BRICKELL BAY DRIVE, SUITE 2600 MIAMI FL 33131	Mailing Address 1001 BRICKELL BAY DRIVE, SUITE 2600 MIAMI FL 33131
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2. Principal Place of Business 4700 NW 7TH STREET Suite, Apt. #, etc. #12 & 13 City & State MIAMI FLORIDA, Zip 33126 Country USA	3. Mailing Address 4700 NW 7TH STREET Suite, Apt. #, etc. #12 & 13 City & State MIAMI FLORIDA Zip 33126 Country USA
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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 22-3884473	Applied For <input type="checkbox"/> Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/> \$5.00	
6. Name and Address of Current Registered Agent GRISALES RAGINI, OSCAR 1001 BRICKELL BAY DRIVE, SUITE 2600 MIAMI FL 33131	
7. Name and Address of New Registered Agent Name JOSE MENA Street Address (P.O. Box Number is Not Acceptable) 4700 NW 7TH STREET MIAMI FL, 33126 City MIAMI FL Zip Code 33126	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jose Mena DATE 4/23/03

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENA, JOSE 1001 BRICKELL BAY DRIVE, SUITE 2600 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4700 NW 7TH STREET MIAMI FL, 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANNERIS GUTIERREZ 4700 NW 7TH STREET MIAMI FL, 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jose Mena DATE 4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)