2002-2003

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

04-03-2003 90020 002 ****50.00
L99000008720

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -2 PM 2:30

DOCUMENT # L99000008720

Entity Name

Latin American Technologies, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1840 SW 22 Street	1840 SW 22 Street
Suite, Apt. #, etc. PMB 4-115	Suite, Apt. #, etc. PMB 4-115
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33145 Country: US	Zip: 33145 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0979704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Ernesto Gonzalez, CPA
Street Address (P.O. Box Number is Not Acceptable): 2655 Le Jeune Road
Suite PH-2B
City: Coral Gables FL Zip Code 33134

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.

SIGNATURE ________ 1/7/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	Solorzano, Doric	NAME	S02128903809
STREET ADDRESS	1840 SW 22 Street, PMB4-115	STREET ADDRESS	04/30/02 90116 017 $50
CITY-ST-ZIP	Miami, Florida 33145	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	Vazquez, Pablo	NAME	
STREET ADDRESS	1840 SW 22 Street PMB4-115	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33145	CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	5/2/03
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E063E (12/01)

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: Pablo J. Vazquez Conde (Manager) 04/15/02