

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M09672** (0)

1. Corporation Name  
**LATIN AMERICAN TRAVEL AGENCY, INC.**

Principal Place of Business <b>7330 NW 12TH STREET MIAMI FL 33126-8911</b>	Mailing Address <b>7330 NW 12TH STREET MIAMI FL 33126-8911</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/07/1985</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2493984</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**FREEMAN, STEPHEN A.  
520 BRICKELL KEY DRIVE, OFFICE PLAZA  
SUITE 305  
MIAMI FL 33131**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

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	D	DELETE	1.1 TITLE	Change	Addition		
NAME	<b>CHARUR, ALFREDO</b>		1.2 NAME				
STREET ADDRESS	<b>7330 N.W. 12TH STREET</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI FL</b>		1.4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE	Change	Addition		
NAME	<b>CHARUR, CARLOS R.</b>		2.2 NAME				
STREET ADDRESS	<b>7330 N.W. 12TH STREET</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI FL</b>		2.4 CITY-ST-ZIP				
TITLE	D	DELETE	3.1 TITLE	Change	Addition		
NAME	<b>CHARUR, EMILIO</b>		3.2 NAME				
STREET ADDRESS	<b>7330 N.W. 12TH STREET</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI FL</b>		3.4 CITY-ST-ZIP				
TITLE	D	DELETE	4.1 TITLE	Change	Addition		
NAME	<b>ZEDAN, GUILLERMO A.</b>		4.2 NAME				
STREET ADDRESS	<b>7330 N.W. 12TH STREET</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI FL</b>		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change	Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	Change	Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

SIGNATURE:



2/5/98

(SOS) 591-2766

CR2E034 (10/97)