2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State **DOCUMENT # M09672** 1. Entity Name LATIN AMERICAN TRAVEL AGENCY, INC. 05-17-2000 90869 010 ***150.00 Principal Place of Business Mailing Address 7330 NW 12TH STREET 7330 NW 12TH STREET MIAMI FL 33126-8911 MIAMI FL 33126-1937 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2493984 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREEMAN, STEPHEN A. Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE, OFFICE PLAZA SUITE 305 MIAMI FL 33131 City Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE Change TITLE CHARUR, ALFREDO NAME NAME 7330 N.W. 12TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE CHARUR.CARLOS R. NAME NAME STREET ADDRESS 7330 N.W. 12TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-MIAMI FL -☐ Change ☐ Addition TITLE ☐ Delete TITLE CHARUR.EMILIO NAME NAME 7330 N.W. 12TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE ZEDAN, GUILLERMO A. NAME NAME STREET ADDRESS STREET ADDRESS 7330 N.W. 12TH STREET CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF