

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M09672

1. Entity Name
LATIN AMERICAN TRAVEL AGENCY, INC.

FILED

02 MAY -1 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145		Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145	
2. Principal Place of Business 2300 Coral Way Suite, Apt. #, etc. Suite 200		3. Mailing Address 2300 Coral Way Suite, Apt. #, etc. Suite 200	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33145	Country US	Zip 33145	Country US
4. FEI Number 59-2493984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <i>[Signature]</i> AMADA CANTERA LOPEZ, President DATE: 4/29/02 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARUR, ALFREDO 7330 N.W. 12TH STREET MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARUR, ELIAS ALFREDO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARUR, CARLOS R. 7330 N.W. 12TH STREET MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005461831--8 -05/06/02--01045--005 ***150.00 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARUR, EMILIO 7330 N.W. 12TH STREET MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/29/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEDAN, GUILLERMO A. 7330 N.W. 12TH STREET MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.			
SIGNATURE: <i>[Signature]</i>		Date: 4/29/02 Daytime Phone #	

CR2E034 (9/01)