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Apr 20, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M19723

1. Corporation Name

LATIN AMERICAN EXPORT AND IMPORT, INC.

Principal Place of Business

7330 N.W. 12TH ST.
MIAMI FL 33126-8911

Mailing Address

7330 N.W. 12TH ST.
MIAMI FL 33126-8911

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1985

4. FEI Number

59-2687622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

FLORIDA AGENCY ANNUAL REPORT SERVICE, INC.
1036 S.W. 1ST STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 ☐ DELETE

TITLE CS
NAME CHARUR, CARLOS
STREET ADDRESS 7330 NW 12 ST STE 2010
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME CHARUR, EMILIO
STREET ADDRESS 7330 NW 12 ST STE 201
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME GUILLERMO, ZEDAN
STREET ADDRESS 7330 NW 12TH ST STE 201
CITY-ST-ZIP MIAMI FL

TITLE P ☐ DELETE

NAME CHARUR, ELIAS A
STREET ADDRESS 7330 NW 12THST STE 201
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE

NAME CHARUR, IRMA
STREET ADDRESS 7330 NW 12THST STE 201
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME ZEDAN, LUIS
STREET ADDRESS 7330 NW 12TH ST, STE 201
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15-99