

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 29, 2011
Secretary of State**

DOCUMENT# N09000001182

Entity Name: LATIN AMERICA INDUSTRIAL ASSOCIATION INC.**Current Principal Place of Business:**8701 SW 137TH AVENUE
SUITE 308
MIAMI, FL 33183**New Principal Place of Business:**1600 PONCE DE LEON BLVD.
SUITE 1000 #74
CORAL GABLES, FL 33134**Current Mailing Address:**8701 SW 137TH AVENUE
SUITE 308
MIAMI, FL 33183**New Mailing Address:**1600 PONCE DE LEON BLVD.
SUITE 1000 #74
CORAL GABLES, FL 33134**FEI Number:** 27-2955666**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CALVO, JUAN J
4114 CARRIAGE DRIVE
N-4
POMPANO BEACH, FL 33069 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD
Name: KRONFLE, HENRY K
Address: CENTRO EMPRESARIAL LAS CAMARAS PISO 5
City-St-Zip: GUAYAQUIL ECUADOR, EC EC**Title:** D
Name: PITTO, HERNAN
Address: AV ANDRES BELLO 2777 PISO 3
City-St-Zip: LAS CONDES SANTIAGO DE CHILE, CE CE**Title:** D
Name: FARAH, EDUARDO
Address: LOS LAURELES 365
City-St-Zip: LIMA 27 PERU, PE 27 PE**Title:** D
Name: FACUSSE, ADOLFO
Address: DIAGONAL 6 10-01 ZONA 10 NIVEL 11
City-St-Zip: TEGUCIGALPA HONDURAS, HO HO**Title:** VPD
Name: CALVO, JUAN J
Address: 4114 CARRIAGE DRIVE, N-4
City-St-Zip: POMPANO BEACH, FL 33069 US**Title:** D
Name: PLASCENCIA, ISMAEL
Address: MANUEL MARIA CONTRERAS 133
City-St-Zip: COL. CUAHTEMOC, MEXICO CITY, MX 06500 MX

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUAN JOSE CALVO

VPD

06/29/2011

Electronic Signature of Signing Officer or Director

Date