


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90136 025 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000002130</b>					
1. Corporation Name <b>LATIN AMERICAN TRAVEL &amp; TOURS OF FLA.,(L.A.T.T.A ) CORP.</b>					
Principal Place of Business <b>5501 N.W. 7TH ST #E315 MIAMI FL 33126</b>			Mailing Address <b>P O BOX 526628 MIAMI FL 33152-628 US</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/15/1997</b>	
				4. FEI Number <b>26-7662071</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>HERNANDEZ, REYNALDO 5501 N.W. 7TH ST #E315 MIAMI FL 33126</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	<b>HERNANDEZ, REYNALDO</b>				
STREET ADDRESS	<b>5501 N.W. 7TH ST</b>				
CITY-ST-ZIP	<b>MIAMI FL 33126</b>				
TITLE	EX-D	<input type="checkbox"/> DELETE			
NAME	<b>GONZALEZ, WILLIAM EXECUTI</b>				
STREET ADDRESS	<b>5501 N.W. 7TH ST</b>				
CITY-ST-ZIP	<b>MIAMI FL 33126</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>CARDENAS, MARTA</b>				
STREET ADDRESS	<b>475 N.W. 85TH CRT #9</b>				
CITY-ST-ZIP	<b>MIAMI FL 33126</b>				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	<b>SUAREZ, OSCAR</b>				
STREET ADDRESS	<b>9634 S.W. 79TH TERRACE</b>				
CITY-ST-ZIP	<b>MIAMI FL 33176</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<b>President</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	<b>CARLOS de MELO JR</b>				
1.3 STREET ADDRESS	<b>2552 NW 7th</b>				
1.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33126</b>				
2.1 TITLE	<b>VICE PRESIDENT</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	<b>FRANCISCO BRUNA</b>				
2.3 STREET ADDRESS	<b>6557 CORAL WAY</b>				
2.4 CITY-ST-ZIP	<b>MIAMI, FLA. 33135</b>				
3.1 TITLE	<b>TREASURER</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	<b>MARTA CARDENAS</b>				
3.3 STREET ADDRESS	<b>1091 S.W. 131 PL. CT.</b>				
3.4 CITY-ST-ZIP	<b>MIAMI - FL. 33132</b>				
4.1 TITLE	<b>Janessa Martinez</b>		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
4.2 NAME	<b>275 Fontainebleau Blvd #250</b>				
4.3 STREET ADDRESS	<b>MIAMI FL 33172</b>				
4.4 CITY-ST-ZIP	<b>SECRETARY -</b>				
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:  4/28/99 (305) 225-2663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)