2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002130

FILED Apr 30, 2004 Secretary of State

Entity Name: LATIN AMERICAN TRAVEL & TOURS OF FLA., (L.A.T.T.A.) CORP.

Current P	rincipal Plac	e of Business:	New Principal Pla	New Principal Place of Business:						
5501 N.W. #E315										
MIAMI, FL	33126									
Current M	lailing Addre	ess:	New Mailing Addr	New Mailing Address:						
P O BOX 5 MIAMI, FL	526628 33152628 L	JS								
FEI Number:	: 26-7662071	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()						
Name and	Address of	Current Registered Agent:	Name and Addres	s of New Registered Agent:						
HERNANE 5501 N.W. #E315 MIAMI, FL		.DO								
	named entity e of Florida.	submits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both,						
SIGNATU	RE:									
	Electro	onic Signature of Registered Agen	t	Date						
OFFICER	S AND DIRE	CTORS:	ADDITIONS/CHAM	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	PD (HERNANDEZ, 5501 N.W. 7T MIAMI, FL 33	H ST	Title: Name: Address: City-St-Zip:	() Change () Addition						
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition						
Title: Name: Address: City-St-Zip:	D (CARDENAS, I 475 N.W. 85T MIAMI, FL 33	H CRT #9	Title: Name: Address: City-St-Zip:	() Change () Addition						
Title: Name: Address: City-St-Zip:	MARTINEZ, V	BLEAU BLVD, STE #250	Title: Name: Address: City-St-Zip:	() Change () Addition						
Title: Name: Address: City-St-Zip:	P (DE MENA, CA 2552 NW 7ST MIAMI, FL 33	-	Title: Name: Address: City-St-Zip:	() Change () Addition						
Title: Name: Address: City-St-Zip:	VP (BRUNNA, FR/ 6557 CORAL MIAMI, FL 33	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition						

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE:	REYN	ALL	OO HI	EKIN/	ANDEZ	_				PD		04/30/20)04
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