

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029573

1. Entity Name

Latin America, INC

Principal Place of Business

Mailing Address

9721 SW 122 ST.
Miami, FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Imar R. Pinto
9721 SW 122 ST.
Miami, FL 33176

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

Imar R. Pinto

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.

\$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	<input type="checkbox"/> Delete
	<u>PID</u>			
TITLE	<u>Imar R. Pinto</u>	<u>9721 SW 122 ST.</u>	<u>Miami, FL 33176</u>	<input type="checkbox"/>
TITLE	<u>STTD</u>			
TITLE	<u>Dora Pinto</u>	<u>9721 SW 122 ST.</u>	<u>Miami, FL 33176</u>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>
TITLE				<input type="checkbox"/>
TITLE				<input type="checkbox"/>
TITLE				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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-09/26/01--01076--010
***150.00 ***150.00

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 supplemented 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 files empowered.

SIGNATURE:

Imar R. Pinto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
 01 SEP 21 PM 3:23
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Latin Admérica - INC
DOC.# P00000029573

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

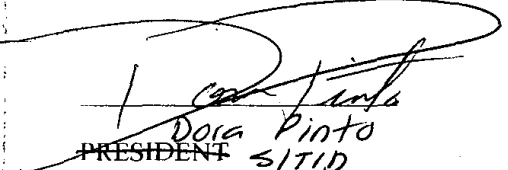
TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


Dora Pinto
PRESIDENT SITID

01 SEP 21 PM 3:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED