2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91167 045 ***150.00

DOCUMENT # P00000077228

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1. Entity Name
LATIN ENTERPRISE USA CORP

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
17344 NW 61 CT South MIAMI FL 33015	17344 NW 61 CT South MIAMI FL 33015

2. Principal Place of Business	3. Mailing Address
5769 NW 7 ST	5769 NW 7 ST
Suite, Apt. #, etc. 251	Suite, Apt. #, etc. 251
City & State MIAMI FL	City & State MIAMI FL
Zip 33126	Zip 33126
Country USA	Country USA

4. FEI Number
651031924
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELBERT KILLIAN CHAPARRO
17344 NW 61 CT South
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name: ELBERT KILLIAN CHAPARRO
Street Address (P.O. Box Number is Not Acceptable): 5769 N.W. 7 ST # 251
City: MIAMI **FL** Zip Code: 33126

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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	PD ELBERT KILLIAN CHAPARRO 17344 NW 61 CT South MIAMI FL 33015	☐ Delete	PD ELBERT KILLIAN CHAPARRO 5769 NW 7 ST N° 251 MIAMI FL 33126	☒ Change ☐ Addition
TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	BAENA HAROLD 17344 NW 61 CT South MIAMI FL 33015	☒ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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 supplemental 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 like empowered.

SIGNATURE: ELBERT KILLIAN CHAPARRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #