

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003107

1. Entity Name

LATIN AMERICAN GROUP CORP.

Principal Place of Business

18521 NW 82ND COURT
HIALEAH FL 33015

Mailing Address

18521 NW 82ND COURT
HIALEAH FL 33015

2. Principal Place of Business

18421 N.W 85 Ave

3. Mailing Address

18421 N.W 85 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL.

City & State

Miami FL.

Zip 33015

Country USA

Zip 33015

Country USA

4. FEI Number

65-1099683

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVO, SANDRA
18521 NW 82ND COURT
HIALEAH FL 33015

Name

Street Address (P.O. Box Number is Not Acceptable)

18300 N.W 79 ct.

City

Miami

FL

Zip Code 33015

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: *Mario Carrasco*

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) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 CARRASCO, MARIO 18421 NW 85TH AVENUE MIAMI FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mario Carrasco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 305-820-3959
Date
Daytime Phone #

CR2E034 (9/01)