

FILED
Jul 02, 2003 8:00 am
Secretary of State

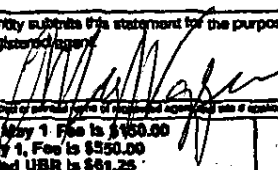
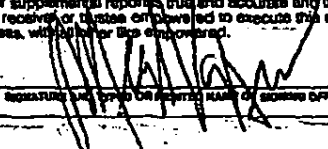
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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

55050367

DOCUMENT # P01000057763			
1. Entity Name Latincom Enterprise, Inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1080 NW 163 Dr. Subs. Apt. #, etc.		3. Mailing Address Subs. Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33169	Country	Zip	Country
4. FEI Number 01-0575230		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name MIGUEL VAZQUEZ			
Street Address (P.O. Box Number is Not Acceptable) 1080 NW 163 Dr.			
City Miami		FL	Zip Code 33169
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  DATE 6/30/03			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$69.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE President	NAME Mario Bernardoni	TITLE	NAME
STREET ADDRESS 1080 NW 163 Dr.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Miami, FL 33169	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE Vice President	NAME Mike Vazquez	TITLE	NAME
STREET ADDRESS 1080 NW 163 Dr.	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Miami, FL 33169	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports, 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 10 or on an attachment with an address, without or like employed.			
SIGNATURE: 		5/30/03 305-356-6200	
SIGNATURE DATE		DATE	