FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90441 046 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060448

1. Entity Name
LATIN AMERICAN SPORTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13480 NW 5th Av	13480 NW 5th AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI FL	City & State: NORTH MIAMI
Zip: 33168 Country:	Zip: 33168 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1114457 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MANUEL NIN MATOS

Street Address (P.O. Box Number is Not Acceptable):
13480 NW 5th AVE

City: N. MIAMI FL. FL Zip Code: 33168

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: Manuel Nin Matos 4/30/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Pd
NAME	NIN MATOS, MANUEL
STREET ADDRESS	13480 NW 5 AVE
CITY-ST-ZIP	Miami FL. 33168
TITLE	VP
NAME	SANCHEZ JULIAN
STREET ADDRESS	8323 NW 195 TER 2.
CITY-ST-ZIP	MIAMI FL. 33015
TITLE	S
NAME	MEJIA, ABRAHAN
STREET ADDRESS	1247 NW 29 ST.
CITY-ST-ZIP	MIAMI FL. 33168
TITLE	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel Nin Matos 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #