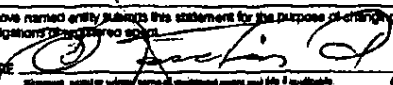
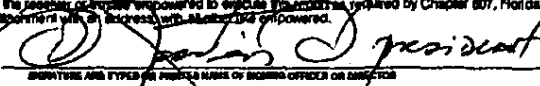


FILED
Jun 09, 2003 8:00 am
Secretary of State

4/18/
5/5/2

05-05-2003 91839 021 ***150.00
04-18-2003 90224 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P01000116373		
1. Entity Name LATIN FOOD IMPORTS CORPORATION		
Principal Place of Business 18151 NE 31 COURT, SUITE 1806 AVENTURA, FL 33160		Mailing Address 18151 NE 31 COURT, SUITE 1806 AVENTURA, FL 33160
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		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MERCHAN, OSCAR E 18151 NE 31 COURT, SUITE 1806 AVENTURA, FL 33160		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of the registered agent.		
SIGNATURE 		DATE 06-28/03
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
STREET ADDRESS	18151 NE 31 COURT, SUITE 1806	
CITY-STATE-ZIP	AVENTURA, FL 33160	
TITLE	V	☐ Delete
NAME	MERCHAN, MARIA E	
STREET ADDRESS	18151 NE 31 CT. STE. 1806	
CITY-STATE-ZIP	AVENTURA, FL 33160	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature and name here the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent empowered to execute this certificate, prepared by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an appointment with an interest with authority empowered.		
SIGNATURE: 		DATE 06-28/03 305-9324960