2004 FOR PROFIT CORPORATION ANNUAL REPORT

06-04-2004 90264 001 *****8.75 **DOCUMENT # P03000114608** 06-04-2004 90264 002 ***150.00 MARKETING ENTERPRISES LATIN AMERICA CORP. Principal Place of Business Mailing Address 66426647 13435 SOUTHWEST 128 STREET 13435 SOUTHWEST 128 STREET SUITE: 103 MIAMI, FL 33186 **SUITE: 103** MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address 14602 southwest 114 tarrace 14602 southwest 114 tellace Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEi Number City & State 20-0967479 miami, Florida miami, Florida Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired USA USA 33186 33186 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANGEL , LUISA F. ANGEL, LUISA F Street Address (P.O. Box Number is Not Acceptable) 13435 SOUTHWEST 128 STREET **SUITE: 103** MIAMI, FL 33186 Zip Code 33/96 City Miami 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. 2004 april (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PRESIPENT TITLE ☐ Delete TITLE Change : ☐ Addition ANGEL, WISA F ANGEL, LUISA F NAME NAME 14738 southwest 113 Lane 13435 SOUTHWEST 128 STREET SUITE: 103 STREET ADDRESS STREET ADDRESS miami, FL 33196 CITY-ST-ZIP MIAMI, FL: 33186 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition_ TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. (786) 344-0910 123 7004 SIGNATURE: G OFFICER OR DIRECTOR

FILED Jun 04, 2004 8:00 am

Secretary of State