

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90105 037 ***150.00

DOCUMENT # P92000000824

1. Corporation Name
INTERNATIONAL LATIN INVESTMENTS OF FLORIDA, INC.



Principal Place of Business
9441 S.W. 103RD ST.
MIAMI FL 33186

Mailing Address
2940 CORAL WAY
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1992

4. FEI Number
65-0415662 ☒ Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 3232 Coral Way
Suite, Apt. #, etc.

2a. Mailing Address
26 2940 Coral Way
Suite, Apt. #, etc.

22 City & State
23 Miami Florida

27 City & State
28 Miami Florida

24 Zip Country
33145 DADE

29 Zip Country
33145 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALINDO, RAUL
9441 S.W. 103RD ST.
MIAMI FL 33176

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GALINDO, RAUL
STREET ADDRESS 9441 S.W. 103RD ST.
CITY-ST-ZIP MIAMI FL 33176

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST
NAME GALINDO, MADELAINE
STREET ADDRESS 9441 S.W. 103RD ST.
CITY-ST-ZIP MIAMI FL 33176

2.1 TITLE ST
2.2 NAME GALINDO, MADELAINE
2.3 STREET ADDRESS 10988 S.W. 19 COURT
2.4 CITY-ST-ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)