

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000023535 (6)

1. Corporation Name

LATINA GROUP, INC.



Principal Place of Business

1150 NW 72ND AVE
SUITE 760
MIAMI FL 33126
US

Mailing Address

1150 NW 72ND AVE
SUITE 760
MIAMI FL 33126
US

3. Date Incorporated or Qualified
03/30/1993

3a. Date of Last Report
10/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0405697

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGUANZO, OMAR C
1150 NW 72ND AVE.
SUITE 760
MIAMI FL 33126

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, type or printed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE

NAME INGUANZO, OMAR C
STREET ADDRESS 1150 NW 72ND AVE SUITE 760
CITY-STATE-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME CARTAYA, G H
STREET ADDRESS 1150 NW 72ND AVE SUITE 760
CITY-STATE-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME CARTAYA, M C H
STREET ADDRESS 1150 NW 72ND AVE, SUITE 760
CITY-STATE-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME TORRES, GUSTAVO A
STREET ADDRESS 1150 NW 72ND AVE, SUITE 760
CITY-STATE-ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GHCARTAYA

2/16/96 (206) 591-7700

Date

Daytime Phone #

CR2E034 (12/95)