

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 # P93000035507 (1)

1. Corporation Name

LATIN ACCENTS, INC.



Principal Place of Business

Mailing Address

131 SCARLET BLVD.
SUITE B
OLDSMAR FL 34677
US

131 SCARLET BLVD.
SUITE B
OLDSMAR FL 34677
US

3. Date Incorporated or Qualified

05/14/1993

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 201 Douglas Rd. East

26 201 Douglas Rd. East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 3

27 Suite # 3

City & State

City & State

23 OLDSMAR, FL

28 OLDSMAR, FL

Zip

Country

Zip

Country

24 34677

25 USA

29 34677

30 USA

4. FEI Number

59-3189530

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 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

LATOUR, ANTONIO R
905 E. MARTIN LUTHER KING, JR. BLVD.
SUITE 400
TARPOON SPRINGS FL 34689

Note:
Address
change
only!!

81 Name

LATOUR, ANTONIO R.

82 Street Address (P.O. Box Number is Not Acceptable)

135 EAST Lemon ST.

83

84 City

Tarpon Springs

FL

85 Zip Code

34689

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 ☐ DELETE

NAME
DPTS
LATOUR, SHERRILL L
20 WILLOWWOOD LANE
OLDSMAR FL

TITLE ☐ DELETE

NAME
DV
LATOUR, ANTONIO R
20 WILLOWWOOD LANE
OLDSMAR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 if changed, or on an attachment with an address.

SIGNATURE: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

813-891-9678

Daytime Phone #

CR2E034 (12/95)