

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000057903 (5)

1. Corporation Name

LATIN AMERICAN VENTURE COMPANY, INC.



Principal Place of Business

265 S. FEDERAL HWY.
SUITE 302
DEERFIELD FL 33441
US

Mailing Address

265 S. FEDERAL HWY.
SUITE 302
DEERFIELD FL 33441
US

2. Principal Place of Business

2a. Mailing Address

21	26
Sube, Apt. #, etc.	Sube, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

SIEGEL, RONALD L ESQ.
2424 N. FEDERAL HWY.
SUITE 360
BOCA RATON FL 33431

3. Date Incorporated or Organized

08/16/1993

3a. Date of Last Report

02/13/1995

4. FEI Number

65-0438613

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

10. Name and Address of New Registered Agent

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 607.1506, 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 of Registered Agent (Typed or Printed Name)

Signature of Registered Agent (Typed or Printed Name)

Signature of Registered Agent (Typed or Printed Name)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, NEAL		2. NAME	
STREET ADDRESS	265 S. FEDERAL HWY, SUITE 302		3. STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD FL		4. CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINTRAUB, SELMA		6. NAME	
STREET ADDRESS	265 S. FEDERAL HWY., SUITE 302		7. STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD FL		8. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10. NAME	
STREET ADDRESS			11. STREET ADDRESS	
CITY-ST-ZIP			12. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			14. NAME	
STREET ADDRESS			15. STREET ADDRESS	
CITY-ST-ZIP			16. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			18. NAME	
STREET ADDRESS			19. STREET ADDRESS	
CITY-ST-ZIP			20. 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)(c), 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: *Selma Weintraub*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SELMA WEINTRAUB

3/14/96 407268-1407
Date Filed

CR2E034 (12/95)