FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

Amended

'PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 OCT -7 AM 10: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000070978 (0)

1. Corporation Name
SINO LATINO AMERICANO, INC.

Principal Place of Business / Mailing Address
5209 N.W. 74 TH AVE. #209A
MIAMI FL. 33166

3. Date Incorporated or Qualified: 10/06/93
3a. Date of Last Report: 01/15/97

2. Principal Place of Business (21): 5209 N.W. 74 TH AVE.
2a. Mailing Address (26):
Suite, Apt. #, etc. (22): 209A
Suite, Apt. #, etc. (27):
City & State (23): MIAMI FL.
City & State (28):
Zip (24): 33166
Country (25):
Zip (29):
Country (30):

4. FEI Number: 65-0375519 ☐ 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
BRANSTETTER, MILDRED M
127 CAMERON COURT
FORT LAUDERDALE FL. 33326

10. Name and Address of New Registered Agent
81 Name: NEIVA APARECIDA DE CARVALHO
82 Street Address (P.O. Box Number is Not Acceptable): 5209 N.W. 74 TH AVE. # 209 A
83
84 City: MIAMI FL 85 Zip Code: 33166

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] 09/16/97
Signature of new registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIU, YING KUI 4805 S.W. 154 AVE. MIAMI FL. 33185	XX DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIU, LINDA L. 4805 S.W. 154 AVE. MIAMI FL. 33185	XX DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P NEIVA APARECIDA DE CARVALHO 5209 N.W. 74 TH AVE.#209A MIAMI FL. 33166	☐ Change XX Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	500002320985--6 10/15/97--01075--006 *****70.00 *****70.00	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 09/16/97 (305) 888-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #