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 # **P94000031512 (4)**

1. Corporation Name

LATIN COMP. TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
6806 N.W. 84TH AVENUE MIAMI FL 33166	6806 N.W. 84TH AVENUE MIAMI FL 33166

3. Date Incorporated or Qualified: **04/22/1994**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **65-0486189** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, & State 23	City, & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRANSTETTER, MILDRED M.
127 CAMERON COURT
FT. LAUDERDALE FL 33326

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 Section 607.0505 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 (Name of Person Authorizing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	PD	☐ DELETE	1 TYPE ☐ Change ☐ Addition
NAME	LEE, STEVE		2 NAME
STREET ADDRESS	311 SAN LUIS WAY		3 STREET ADDRESS
CITY-ST-ZIP	ARCADIA CA 91007		4 CITY-ST-ZIP
TYPE	VTD	☐ DELETE	2 TYPE ☐ Change ☐ Addition
NAME	LUC, KENNY		2 NAME
STREET ADDRESS	1020 N.E. 172ND TERRACE		3 STREET ADDRESS
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		4 CITY-ST-ZIP
TYPE	SD	☒ DELETE	3 TYPE ☐ Change ☒ Addition
NAME	CASAUBON, SERGIO R		3 NAME SD
STREET ADDRESS	21012 S.W. 118TH AVENUE		3 STREET ADDRESS MARTINEZ, JOHN
CITY-ST-ZIP	MIAMI FL 33177		4 CITY-ST-ZIP 9640 SW 152 AVENUE MIAMI, FL 33196
TYPE		☐ DELETE	4 TYPE ☐ Change ☐ Addition
NAME			4 NAME
STREET ADDRESS			4 STREET ADDRESS
CITY-ST-ZIP			4 CITY-ST-ZIP
TYPE		☐ DELETE	5 TYPE ☐ Change ☐ Addition
NAME			5 NAME
STREET ADDRESS			5 STREET ADDRESS
CITY-ST-ZIP			5 CITY-ST-ZIP
TYPE		☐ DELETE	6 TYPE ☐ Change ☐ Addition
NAME			6 NAME
STREET ADDRESS			6 STREET ADDRESS
CITY-ST-ZIP			6 CITY-ST-ZIP

CR2E034 (12/95)

14. I 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)(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 attached sheet, with an address.

SIGNATURE: Kenny Luc KENNY LUC 2/23/96 (305) 717-3468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #