FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # P94000031512 (4)

1. Corporation Name
LATIN COMP. TECHNOLOGY, INC.

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

Mailing Address
6806 N.W. 84TH AVENUE
MIAMI FL 33166-2617

3. Date Incorporated or Qualified: 04/22/1994	3a. Date of Last Report: 02/29/1996
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 6806 NW 84 AVE	26 6806 NW 84 AVE
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33166 Country 25 USA	Zip 29 33166 Country 30 USA

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: SAME
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 _______ (NOTE: Registered Agent signature required when reinstating) DATE _______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LEE, STEVE	
STREET ADDRESS	311 SAN LUIS WAY	
CITY-ST-ZIP	ARCADIA CA 91007	
TITLE	VTD	☐ DELETE
NAME	LUC, KENNY	
STREET ADDRESS	1020 N.E. 172ND TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	SD	☐ DELETE
NAME	MARTINEZ, JOHN	
STREET ADDRESS	9640 SW 152 AVE	
CITY-ST-ZIP	MIAMI 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Kenny T. Luc KENNY LUC 3/19/97 (305) 717-3468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #