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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90130 034 ***150.00

DOCUMENT # P94000052277

LATIN AMERICAN AFFAIRS INC.

| Principal Place of Business Mailing Address 9400 SW 125 PLACE 9400 SW 125TH PL | | 8 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
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| MIAMI FL 33186 MIAMI FL 33186 | | |
| US DO NOT WRITE IN T | HIS SPACE | |
| 3. Date In proporated or Qualifed 07/11/1994 | | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number | Apı | plied For |
| 26 65-0566166 | No | t Applicable |
| Suite, Aç t. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired | \$8.75 A | |
| 27 | Fee Re | q rired |
| City & State 6. Election: Campaign Financing | \$5.00 | , |
| 28 Trust F and Contribution | Added to | o Fees |
| Zip Country Zip Country 8. This corporation owes the current year | | ra |
| 24 25 29 30 Personal Property Tax. | | []No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Register 81 Name | ren Agent | |
| TOLEDO, RICHARD G | | |
| 1840 W 49TH ST #603-4 82 Street Ad Iress (P.O. Box Number is Not Acceptable) | | |
| 1040 # 43111 OT #000°T | | |
| HIAI FAH FI 33012 | | |
| HIALEAH FL 33012 | | |
| 94 City | 85 Zip C | Code |
| 84 City | FL ' | |
| 84 City A Discount to the provisions of Sections 507,0503 and 607,1508. Florida Statules, the above-named comporation submits this statement for the purpos | e of changing its | registered |
| 84 City | e of changing its | registered |
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14. I heret y 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 changer, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNAT JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305) 279-8438