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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P94000075087 (4)

LATIN AMERICAN DIVISION. INC.

FILED Feb 18 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 3511 SW 87 COURT 3511 SW 87 COURT MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/10/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 8000 N.W. 31 Street 26 8000 N.W. 31 Street 65-0608687 Not Applicable Suite, Apt. #, etc Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required BAY # 4 **BAY#4** City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAHL FLORIDA Trust Fund Contribution Added to Fees MIAMI, FLORIDA Country 8. This corporation owes or has paid the current year Intangible 33122 DADE DADE 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MEJER, ALVARO L EVLYEL HOGGEL ARMSTRONG & MEJER PA Street Address (P.O. Box Number is Not Acceptable) 82 2600 DOUGLAS ROAD SUITE 1111 37 N.W. 40 COURT В3 **CORAL GABLES FL 33134** Zip Code 33126 84 City MIMMI 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 original softs. Section 607.0505. Florida Statutes. HUGUET PREBIDEUT BAFALI SIGNATURE Signature, typied or printed name of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DIRECTORS 13 Change Addition DELETE TITLE D 1.1 DILE HUGUET, RAFAE NAME 1.2 NAME 3511 SW 87 COUR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33165 CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE Change Addition TITLE 2.1 TITLE 2 2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City - St - ZiP DFLETE Change Addition TITLE 3.17010 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE ☐ Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 point 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 positive 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 a study of the corporation of the corporation of the receiver or positive 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 a study of the corporation of the receiver or positive empowered to execute this report as required by Chapter 607. Florida Statutes.

CIGNATURE.

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