FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

	Name T LATINO RESTA		7001092 (9) RP.			
Principal Place of Business Mailing Address						
704 SW 17TH AVE 704 SW 17TH AVE						
SUITE 3 SUITE 3						
MIAMI FL 33135 MIAMI FL 33135						DO NOT WRITE IN THIS SPACE
i						3. Date Incorporated or Qualified 11/08/1994
2. Principal Place of Business			2s. Mailing Address	_	_	4. FEI Number Applied For
21 26						65-0545723 Not Applicable
			Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	ip Country		Zip Country 30		/	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
(RUIZ, NICOLAS H					Name	
704 SW 17TH AVE SUITE 3				82	Street A	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33135				83		
			84	City	FI 85 Zip Code	
11, Pursuant t	o the provisions of Se	ections 607.0502	and 607.1508, Florida Statu	tes, the abovi	e-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
ł	n familiar with, and ac	ccept the obligat	ions of, Section 607.0505, FI	orida Statutes	5.	scration's Exact of Gilocicis. Thereby accept the appointment as registered
SIGNATURE .	Signature, typed or printed na	me of registered agen	and title if applicable. (NO	E: Registered Age	ent signature	e required when reinstating) DATE
12. OFFICERS AN			DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		☐ DELETE	1.1 TOTLE		☐ Change ☐ Addition
NAME	RUIZ, NICOLAS			1.2 NAME]	
STREET ADDRESS				1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES	FL 33134		1.4 CITY - S	T-ZIP	
TITLE	DST		DELETE	. 2.1 TITLE	ŀ	Change Addition
NAME	RUIZ, FACTO	T #4		2.2 NAME		
STREET ADDRESS	4 (4 4 4 1) (**) 44 45 **			2.3 STREET ADORESS		
CITY-ST-ZIP TITLE	IMPUNI LE 00 100		DELETE	2. 4 CITY - 5 3.1 TITLE	51 - ZIP	Change Addition
NAME	!			3.2 NAME		En priority Photocoli
STREET ADDRESS				3.3 STREET	Annerss	
CITY-ST-ZIP				3.4. CITY - 5	ì	
TITLE				4.1 TITLE	21 219	Change Addition
NAME	{		4. 2 NAME	ļ		
STREET ADDRESS	TREET ADDRESS			4.3 STREET	ADDRESS	
			4.4 CITY-S	l.		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME .			5.2 NAME	Į		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-S	T-ZIP	
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME	1	
STREET ADDRESS				6.3 STREET	ADDRESS	

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)(1), 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.

443-1088

FILED

Mar 17 1998 8:00am

Secretary of State