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 # P95000011584 (6)

1. Corporation Name

LATIN VAN LINES, INC.

Principal Place of Business
~~6144 SW 27TH ST~~
~~MIAMI FL 33155~~

Mailing Address
~~6144 SW 27TH ST~~
~~MIAMI FL 33155~~
CHANGE OF ADDRESS.

2. Principal Place of Business
21 3200 N.W. 119 ST.
Suite, Apt. #, etc
22
City & State
23 MIAMI FLORIDA
Zip 24 33167 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report:
4. FEI Number: APPLIED FOR — ☐ 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

9. Name and Address of Current Registered Agent

ROJAS, MANUEL J
~~6144 SW 27TH ST~~ 3200 NW 119 ST.
~~MIAMI FL 33155~~ MIAMI, FL 33167

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 3200 N.W. 119 St.
84 City MIAMI FL 85 Zip Code 33167

11. Pursuant to the provisions of Sections 607.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE [signature] MANUEL V. ROJAS 4/25/96
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ROJAS, MANUEL J	
STREET ADDRESS	6144 SW 27TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	☐ DELETE
NAME	ROJAS, BARBARA A	
STREET ADDRESS	353 W. 47TH ST. #9D	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	☐ DELETE
NAME	ROJAS, EDWARD M	
STREET ADDRESS	~~2970 SE 120~~	
CITY-ST-ZIP	~~MIAMI FL 33175~~	
TITLE	DIRECTOR	☐ DELETE
NAME	PARRA, BARBARA	
STREET ADDRESS	900 NW 10th AVE.	
CITY-ST-ZIP	MIAMI, FL 33136	
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	8977 COLLINS AVE #1103	
3.4 CITY-ST-ZIP	SURFSIDE, FL 33154	
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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***225.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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: [signature] MANUEL V. ROJAS 4/25/96 305/6840000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 8/23/96

CR2E034 (12/95)