## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Scriptary of State DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

P95000014415-(0)

LATIN AMERICA INTERNATIONAL EXPORTS COMPANY

Principal Place of Business

Mailing Address

P *- 4 1	" Property
[-]	·   ]
	4.1.1.1

97 SEP -5 AM 8: 33

SECRETAIN OF STATE TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified O2/21/1995  2. Principal Place of Business  3. Date Incorporated or Qualified O2/21/1995  4. FEI Number  6. Fe Incurs Place of Status Desired S
21 1150 N.W. 72nd Ave. 26 P.O. BOX 52-3542 65-0558772 Not Applicate Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  All AMI, FLA.  Zip  Country  23 M1AMI, FLA.  Zip  Country  24 33126 25 USA  9. Name and Address of Current Registered Agent  AMERILAWYER  343 ALMERIAAVE.  CORAL QABLES FL 33134  Not Applicate of 51 50 50 72  Not Applicate of 52 50 50 Not Suite, Apt. #, etc.  5. Cortificate of Status Desired Agent Status Desired Agent  6. Election Campaign Financing Trust Fund Contribution Added to Fees Added to Fees Added to Fees Provide Status
Suite, Apt. #, etc.  22 #420  City & State  City & State  Country  AMERILAWYER  343 ALMERIA AVE.  CORAL QABLES FL 33134  Suite, Apt. #, etc.  Suite Apt. #, et
22 #420   27
23 M1AMI, FLA.  28 MIAMI, FLA.  Trust Fund Contribution  Added to Fees  Zip  Country  Added to Fees  Zip  Country  B. This corporation has liability for intengible tax under s 199.032,  Florida Statutes  Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name ALEX  SKLA-VOUNOS  AMERILAWYER  343 ALMERIA AVE.  CORAL QABLES FL 33134
Zip   Country   Zip   Country   St. This corporation has liability for intangible tax under s 199.032,   24 33126   25 USA   29 33152   30 USA   Florida Statutes   Yes No
24 33126 25 USA 29 33152 30 USA Florida Statutes SNO  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name ALEX SKLA-VOUNOS  82 Street Address (P.O. Box Number is Not Acceptable)  75 8 FONTAINEBLEAU BLVD 4 606,  83
AMERILAWYER  343 ALMERIA AVE.  CORAL GABLES FL 33134   81 Name A LEX SKLA YOUNOS  82 Street Address IP.O. Box Number is Not Acceptable)  958 FONTAINEBLEAU BLVD # 606,
AMERILAWYER  343 ALMERIA AVE.  CORAL GABLES FL 33134   HLEX SKCH YOUNOS  82 Street Address P.O. Box Number is Not Acceptable)  758 FONTAINEBLEAU BLVD # 606,
AMERILAWYER  343 ALMERIA AVE.  CORAL GABLES FL 33134  Street Address (P.O. Box Number is Not Acceptable)  958 FONTAINEBLEAU BLVD # 606,
CORAL GABLES FL 33134
84 City MIAMI FL 85 Zip Code 33172
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 of 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 suppose the obligibling of Section 607,0505, Florida Statutes.
1 / 1/1. XIV ALEY CLIMAN SC 77/2(197)
SIGNATURE ULL STREAM 17 LEX SKLANOUNDS //31 11 F Signature, typed or printed name of registered organizated this it applicance. (NOTE: Registered Agont signature required whon reinstating) DATE
12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE XX Change Addition
NAME SKLAVOUNOS, ALEX 12 NAME
STREET ADDRESS 4679 N.W. 97 PLACE 1.3 STREET ADDRESS 1150 N.W. 72nd Ave. #420
CITY-ST-ZIP MIAMI FLA. 33126
TITLE DELETÉ 2.1711LE QUE Change Addition
NAME 22 NAME 2000022891129
STREET ADDRESS   -09/10/9701057006
CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 33. STREET A 3.
STREET ADDRESS  CITY-ST-ZIP  TITLÉ  DELFTE  3.3. STREET ADDRESS  3.3. STREET ADDRESS  ACHY-ST-ZIP  Change: Addition
NAME 42 NAME
STREET ADDRESS 4.3 STREET ADDRESS 51. 9-9-9-9
0111-01-201 A-9-0111-01-201
TITLE DELETE 5. 1717LE Change Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4 Lide hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07/3/W. Florida Statutor Lightner

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

7/4/97 (305) 471-7624