

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP -5 AM 8:33

DOCUMENT # P95000014415(0)

1. Corporation Name

LATIN AMERICA INTERNATIONAL EXPORTS COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

4678 N.W. 97 PLACE
MIAMI FL 33178

4678 N.W. 97 PLACE
MIAMI FL 33178

2. Principal Place of Business

2a. Mailing Address

21 1150 N.W. 72nd Ave.

26 P.O. BOX 52-3542

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #420

27

City & State

City & State

23 MIAMI, FLA.

28 MIAMI, FLA.

Zip

Country

Zip

Country

24 33126

25 USA

29 33152

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

81 Name ALEX SKLAVOUNOS

82 Street Address (P.O. Box Number is Not Acceptable)
9581 FONTAINEBLEAU BLVD # 606

83

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 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, Section 607.0505, Florida Statutes.

SIGNATURE Alex Sklavounos

ALEX SKLAVOUNOS

7/31/97

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SKLAVOUNOS, ALEX
STREET ADDRESS 4678 N.W. 97 PLACE
CITY-ST-ZIP MIAMI FL 33178

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1150 N.W. 72nd Ave. #420
1.4 CITY-ST-ZIP MIAMI, FLA. 33126

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 200002288112-9
-03/10/97--01057--006
2.4 CITY-ST-ZIP ***923.75 ***923.75

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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.

SIGNATURE:

Alex Sklavounos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/97 (305) 471-7624

Date Daytime Phone

CP2E034 (12/95)