

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000015935 (6)

1. Corporation Name
LATINOPAL, INC.



Principal Place of Business: 10985 SW 107TH ST. 210 MIAMI FL 33176
Mailing Address: 10985 SW 107TH ST. 210 MIAMI FL 33176

3. Date Incorporated or Qualified: 02/27/1995
3a. Date of Last Report
4. FEI Number 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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**YEPES, FABIOLA
10985 SW. 107TH ST, 210
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | PT ^{no} | <input type="checkbox"/> DELETE |
| NAME | YESPES, FABIOLA | |
| STREET ADDRESS | 10985 SW 107TH ST, 210 | |
| CITY - ST - ZIP | MIAMI FL 33176 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | YEPES, HERNAN | |
| STREET ADDRESS | 10985 SW 107TH ST, 210 | |
| CITY - ST - ZIP | MIAMI FL 33176 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-------------------------|--|
| 1.1 TITLE | VPT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | MARTHA LASPRILLA | |
| 1.3 STREET ADDRESS | 10985 SW. 107 ST. # 210 | |
| 1.4 CITY - ST - ZIP | MIAMI, FLA 33176 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | 600001854186 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | -06/06/96--01088--058 | |
| 4.3 STREET ADDRESS | ***8.75 | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | 700001853977 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | -06/06/96--01088--029 | |
| 6.3 STREET ADDRESS | ***200.00 | |
| 6.4 CITY - ST - ZIP | | |

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: *Fabiola Yepes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: FABIOLA YEPES
HERNAN YEPES 04-26-96 (w) 598-1386

CR2E034 (12/95)

5/16/96