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 # **P95000016398 (6)**

1. Corporation Name

BARRY LAUGHLIN & ASSOCIATES / LATIN AMERICA, INC

Principal Place of Business	Mailing Address
9858 GLADES RD. SUITE 123 BOCA RATON FL 33434-3917	9858 GLADES RD. SUITE 123 BOCA RATON FL 33434-3917

3. Date Incorporated or Qualified: 02/28/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2500 N. Military trail	26 9039 NW 50TH CT
Suite, Apt. #, etc. 22 105	Suite, Apt. #, etc. 27
City & State 23 Boca Raton FL	City & State 28 CORAL SPRINGS FL
Zip / Country 24 33431 / 25 USA	Zip / Country 29 33067 / 30 USA

4. FEI Number: 65-0557929 — 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

LAUGHLIN, BARRY
9858 GLADES RD.
SUITE 123
BOCA RATON FL 33434-3917

10. Name and Address of New Registered Agent

81 Name: BARRY LAUGHLIN
82 Street Address (P.O. Box Number is Not Acceptable): 9039 NW 50TH CT
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33067

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAUGHLIN, BARRY		1.2 NAME	
STREET ADDRESS	9858 GLADES RD., #123		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAUGHLIN, MATILDE E		2.2 NAME	
STREET ADDRESS	9858 GLADES RD., #123		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 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			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)(i), 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: BARRY LAUGHLIN — 08/09/96 — 954-7961306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)