Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90298 044 ***158.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023013

1. Corporation Name

LATIN AMERICAN FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVE					1,00	28. 112.212/ CI(II SSIII I	1911. 2211. 22.11			
	S-1460	· · · ·			DO NOT WRITE IN THIS SPACE					
l										
	50									i
lace of Business	2a. Mailing Address								Apr lie	ed For
	26				65-0651	201				pplicable
#, etc.	Suite, Apt. #, etc.				_ 1					
	27				J. Certificate					
City & State		City & State			6. Election Campaign Financing			\$5.00 May Be		
	28								ed to F	ees
					· ·		rrent year in		ı	No
		30	Г				Registered			
9. Name and Address of Curre	nı registered Agent		81	Name	TO, Maine all					
TILLO B., ALVARO B										
			82	Street Acc	dress (P.O. Bo» No	umber is Not Accep	table)			
			83							
								1. 1		
			84	City			FI	85	Zip C x	de
to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the a	above	e-named ccr	rporation submi s t	his statement for th	e purpose o	f changin	jits re	gistered
edistored agent or hoth in the State	cf Florida. Such change was	Juthorize	a bv	the corporat	tion's board of dire	ctors. I hereby acc	ept the appo	intment a	s reg ş	tered
Cleanture hand as winted no no of segutored and	and title if applicable (NO)	- Registere	d Agen	nt signature regulir	ired when reinstating)		DATE			
	<u></u>	13.				S/CHANGES TO O	FFICERS A	ND DIRE	CTOF	IN 12
,	☐ DELETE	1.1 T	ITLE							Addition
l "		1.2 N	IAME							
	50	1.3 \$	TREET	ADDRESS .						!
(1.4 Q	TY-S	T-ZIP						
D	☐ DELETE	2.1 T	TLE					Cha	nge	☐ Addition
ZAMORA, MARIA J		2.2 N	IAME							
	50	2.3 \$	TREET	TADDRESS						
MIAMI FL 33131		2 4 (CITY-S	T-ZIP						
	☐ DELETE							L_I Cha	nge	Addition
		3.2 N	IAME							
	~ 		_	ST-ZIP				□ Cho		Addition
	L] DELETE							cna	ige	
		■ 4.28	NAME	1						
		4.3 9		ļ						,
	OFFE	4.3 S	ITY-S	ļ				[T] Cha		☐ Addition
	☐ DELETE	4.3 9 4.4 0 5.1 T	TY-S	ļ				☐ Cha	nge	Addition
	☐ DELETE	4.3 S 4.4 C 5.1 T 5.2 N	TTLE NAME	T-ZIP				Cha	nge	Addition
	☐ DELETE	4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	OTY-S TITLE NAME STREET	T-ZIP				☐ Cha	nge	☐ Addition
		4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	OITY-S TITLE NAME STREET	T-ZIP						
	☐ DELETE	4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	OTY-S THLE NAME OTREET OTY-S	T-ZIP				☐ Cha		☐ Addition
		4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	OTY-S TREET STREET CITY-S TILE	T-ZIP						
	Cour try 25 9. Name and Address of Curre TILLO B., ALVARO B SUNSET DRIVE, E 201 All FL 33143 to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and at cept the oblight Signature, typed or printed ha ne of registered age OFFICERS AI D ZAMORA, ROBERTO 701 BRICKELL AVE. SUITE 11 MIAMI FL 33131 D ZAMORA, MARIA J 701 BRICKELL AVE. SUITE 11	AVENUE Tot BRICKELL AVE S-1450 MIAMI FL 33131 US Jace of Business Za. Mailing Address 26 #, etc. Suite, Apt. #, etc. City & State 28 Cour try Zip 29 9. Name and Address of Current Registered Agent TILLO B., ALVARO B SUNSET DRIVE, E 201 All FL 33143 Ito the provisions of Sections 607.0502 and 607.1508, Florida State egistered agent, or both, in the State of Florida. Such change was m familiar with, and accept the obligations of, Section 607.0505, Florida State egistered agent, or both, in the State of Florida. Such change was m familiar with, and accept the obligations of, Section 607.0505, Florida State egistered agent, or both, in the State of Florida. Such change was m familiar with, and accept the obligations of, Section 607.0505, Florida State egistered agent and title if applicable. OFFICERS ANI DIRECTORS D ZAMORA, ROBERTO 701 BRICKELL AVE. SUITE 1150 MIAMI FL 33131 D D DELETE DELETE	AVENUE TOT BRICKELL AVE \$1460 MIAMI FL 33131 US DELETE TOT BRICKELL AVE \$1460 MIAMI FL 33131 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Cour try Zip Cor Zip 30 9. Name and Address of Current Registered Agent TILLO B., ALVARO B SUNSET DRIVE, E 201 MI FL 33143 To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agistered agent, or both, in the State of Florida. Such change was authorize m familiar with, and at cept the obligations of, Section 607.0505, Florida Statutes, the agistered agent, or both, in the State of Florida. Such change was authorize m familiar with, and at cept the obligations of, Section 607.0505, Florida Statutes, the agistered agent and title of applicable. OFFICERS AND DIRECTORS D DELETE 1.17 ZAMORA, ROBERTO 701 BRICKELL AVE. SUITE 1150 MIAMI FL 33131 D DELETE 2.18 DELETE 3.17 DELETE 4.11	AVENUE TOT BRICKELL AVE S-1480 MIAMI FL 33131 US Tace of Business Za. Mailing Address Zb. Suite, Apt. #, etc. City & State Za. Suite, Apt. #, etc. Z7 City & State Z8 Country Zip Country Zip Zip Country Zip SUNSET DRIVE, E 201 II FL 33143 84 SUNSET DRIVE, E 201 II FL 33143 Sature Suite Apt. #, etc. Zip Country Zip Country Zip Suite, Apt. #, etc. Zip Country Zip Suite, Apt. #, etc. Zip Country Zip Country Zip Sunserved Agent Sature Sunset DRIVE, E 201 Sature Signature, byped or printed no ne of registered agent and bite if applicable. OFFICERS AND DIRECTORS D CAMORA, ROBERTO TOT BRICKELL AVE. SUITE 1150 MIAMI FL 33131 D CAMORA, MARIA J TOT BRICKELL AVE. SUITE 1150 MIAMI FL 33131 D CAMORA, MARIA J TOT BRICKELL AVE. SUITE 1150 MIAMI FL 33131 D DELETE ZAMORA J STREE J AGITY-S J TITLE J NAME J STREE J AGITY-S J STREE J STR	AVENUE 701 BRICKELL AVE \$-1460 MIAMI FL 33131 US 2a. Mailing Address 2b. Suite, Apt. #, etc. 27 2b. Courtry 2b. 29 30 30 30 30 30 30 30 30 30 30	AVENUE TOT BRICKELL AVE S-1460 MIAMI FL 33131 US 2a. Mailing Address 26 4. FEI Ni mb 65-065. 5. Certife ste 65-065. 5. Certife ste 65-065. 65	AVENUE TOT BRICKELL AVE S-1480 MIAMI FL 33131 US 3. Date incorporated or Qualifer 03/22/1995 4. FEI N. mber 65-0651201 5. Certific it of Status Desired F. etc. 27 Courtry Zip Zip Country Zip Solve State 28 Country 30 9. Name and Address of Current Registered Agent TILLO B., ALVARO B SUNSET DRIVE, E 201 III FL 33143 82 Street Ac dress (P.O. Bo) Number is Not Accept 181 Name 181 Name 182 Street Ac dress (P.O. Bo) Number is Not Accept 183 Accept 184 City Tothe provisions of S-ccions 607.0502 and 607.1508, Florida Statutes, the above-named oc riporation submits this statement for the provisions of S-ccions 607.0502 and 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. D CAMORA, ROBERTO 701 BRICKELL AVE. SUITE 1150 MIAMI FL 33131 DELETE D CAMORA, MARIA J 701 BRICKELL AVE. SUITE 1150 MIAMI FL 33131 DELETE D DELETE 41 TILL 32 NAME 33 STREET ADDRESS 34 CTY-ST-ZIP D DELETE 41 TILL 42 TITLE 43 TILL 43 TITLE 44 TITLE	AVENUE TOP BRICKELL AVE S-1480 MIAMI FL 33131 US 3. Date incorporated or Qualified 03/22/1995 26 4. FET IN miber 65-065 1201 5. Certificate of Status Desired 77 Election Campaign Financing 27 City & State 28 Country 29 9. Name and Address of Current Registered Agent TILLO B., ALVARO B SUNSET DRIVE. E 201 All FL 33143 84 City FL Collegators 607.0502 and 607.1508, Florida Statures, the above named or poration submits sithis statement for the purpose of engistering agent of both, in the State of Florida, Studen change was: suthorized by the corporation's board of cirectors. I hereby accept the appropriate myth, and at cept the obligations of, Section 607.0505, Florida Statutes. DOFFICERS ANI DIRECTORS D D DELETE 11. TILL ADDITIONS/CHANGES TO OFFICERS.A DOFFICERS ANI DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS.A 13. ADDITIONS/CHANGES TO OFFICERS.A A CITY ST. ZPP	AVENUE AVENUE	NVENUE S1460 MIAM FL 33131 US Do NOT WRITE IN THIS SPACE

14. hereby certify that the information supplied with this filing 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 or derived that I am an officer or director of the corpora ion or the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, gripping an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR