

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000059981 (7)

1. Corporation Name

LATIN AMERICAN TRADE AND INFORMATION NETWORK, IN  
C.



Principal Place of Business

Mailing Address

6649 NW 176 TERRACE  
MIAMI FL 33015

6649 NW 176 TERRACE  
MIAMI FL 33015

3. Date Incorporated or Qualified

08/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 7171 Coral Way

Suite, Apt #, etc.

22 Suite 503

City & State

23 Miami FL

Zip

24 33155

Country

25 USA

2a. Mailing Address

26 7171 Coral Way

Suite, Apt #, etc.

27 Suite 503

City & State

28 Miami FL

Zip

29 33155

Country

30 USA

4. FEI Number

65-0613107

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

GIRALDO, RAFAEL  
6649 NW 176 TERRACE  
MIAMI FL 33015

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GIRALDO, RAFAEL  
STREET ADDRESS 6649 NW 176 TERRACE  
CITY - ST - ZIP MIAMI FL 33015

TITLE D ☐ DELETE

NAME WOODBRIDGE, FREDERICK JR  
STREET ADDRESS 8700 SW 133RD AVE RD, #419  
CITY - ST - ZIP MIAMI FL 33183

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 7171 Coral Way, Suite 503  
1.4 CITY - ST - ZIP Miami FL 33155

2.1 TITLE S/D ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 7171 Coral Way, Suite 503  
2.4 CITY - ST - ZIP Miami FL 33155

3.1 TITLE V/D ☐ Change ☒ Addition

3.2 NAME Daniel E. Robles  
3.3 STREET ADDRESS 7171 Coral Way, Suite 503  
3.4 CITY - ST - ZIP Miami FL 33155

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel E. Robles

7-6-96 (305) 266-8773

Date

Office Phone

CR2E034 (3/96)