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 # **P95000071284 (0)**

1. Corporation Name
LATCOMEX, INC.

Principal Place of Business	Mailing Address
420 LINCOLN ROAD SUITE 256 MIAMI BEACH FL 33139	420 LINCOLN ROAD SUITE 256 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: **09/14/1995**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 20500 W. Dixie Hwy.	26 20500 W. Dixie Hwy.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 N. Miami Beach, FL	City & State 28 N. Miami Beach, FL
Zip 24 33180 / Country 25 Dade	Zip 29 33180 / Country 30 Dade

4. FEI Number: 65-0618210 ☐ 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

WASSERMAN, RICHARD
420 LINCOLN ROAD
SUITE 256
MIAMI BEACH FL 33139

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 _____
(Signature of New Registered Agent, if changing) (Signature of Registered Agent, if changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Benjamin Begun	1.2 NAME	
STREET ADDRESS	20500 W. Dixie Hwy.	1.3 STREET ADDRESS	
CITY ST ZIP	N. Miami Beach, FL 33180	1.4 CITY ST ZIP	
TITLE	Vice President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Carlos Begun	2.2 NAME	
STREET ADDRESS	20500 W. Dixie Hwy.	2.3 STREET ADDRESS	
CITY ST ZIP	N. Miami Beach, FL 33180	2.4 CITY ST ZIP	
TITLE	Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Carlos Begun	3.2 NAME	
STREET ADDRESS	20500 W. Dixie Hwy.	3.3 STREET ADDRESS	
CITY ST ZIP	N. Miami Beach, FL 33180	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	

CR2E034 (12/95)

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: Benjamin Begun February 21, 1996 (305) 692-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BENJAMIN BEGUN