

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000086437 (7)

1. Corporation Name

LATIN AMERICAN WARRANTECH CORPORATION



Principal Place of Business

Mailing Address

1111 KANE CONCOURSE
SUITE 618
BAY HARBOR ISLANDS FL 33154

1111 KANE CONCOURSE
SUITE 618
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

3a. Date of Last Report

11/09/1995

4. FEI Number

Applied For

59-3367378

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

10. Name and Address of New Registered Agent

STEIN, ERIC C
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

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 the corporation

NOTE: Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FRAIMAN, GUIDO
STREET ADDRESS % 1111 KANE CONCOURSE SUITE 618
CITY-STATE-ZIP BAY HARBOR ISLANDS FL 33154

TITLE VD
NAME COLONOMOS, ALBERTO
STREET ADDRESS % 1111 KANE CONCOURSE SUITE 618
CITY-STATE-ZIP BAY HARBOR ISLANDS FL 33154

TITLE TD
NAME STEIN, CYNTHIA F
STREET ADDRESS % 1111 KANE CONCOURSE SUITE 618
CITY-STATE-ZIP BAY HARBOR ISLANDS FL 33154

TITLE SD
NAME FRAIMAN, NATALIE
STREET ADDRESS % 1111 KANE CONCOURSE SUITE 618
CITY-STATE-ZIP BAY HARBOR ISLANDS FL 33154

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 (305) 866-0007
Date Daytime Phone #

CR2E034 (12/95)