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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

Jan 28 1998 8:00am

Secretary of State

	EW LATINAMERICA, INC.	0091207 (7)	,		
Principal Plac	e of Business	Mailing Address	······································		19691 11958 11911 BB1(1 1984 1884
10840 S.W. 1		1101 BRICKELL AVE			
MIAMI FL 33	176	STE 800 Miami FL 33131		DO NOT WRITE IN THE	S SPACE
		US		3. Date Incorporated or Qualified	331701
		••		11/30/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0621696	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Chul Car		City & State	· · · · · · · · · · · · · · · · · · ·		Fee Required
City & State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip Country		This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30,	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	d Agent
PORRAS, SERGIO 81 Name 2			81 Name 441	RGO DORRAS	
	1 N.W. 108TH AVENUE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33324		10	ess (P.O. Box Number is Not Acceptable)	SV178 800
			83	·	
			84 City	^ ^ ·	85 Zip Code
44 Durcupot	to the provisions of Sections 607 050	and 607 1609 Elevida Statu	ton the above named cares	AMI F	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as registered
	im tamiliar with, and accept the obliga	itions of, Section 607.0505, Fi	orioa Statutes.		
SIGNATURE	Signature, typed or printed name of registered ager	ni and trip if applicable (NO	IE Registered Agent signature requires	d when reinstaling) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	SUAREZ, MARIELA		1.2 NAME		[5]
STREET ADDRESS	10840 S.W. 113TH PLACE		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	MIAMI FL 33176 SD	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	RUSSI, GERMAN	L DECETE	2.1 TITLE		Cusude CT vocation is
NAME STREET ADDRESS	10840 S.W. 113TH PLACE		2.2 NAME 2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	MIAMI FL 33176		2. 4 CITY-ST-ZIP		ľ
TITLE	TOTALL I - AAILA	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 TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		FT OWNER FT VORIGOTI
STREET ADDRESS			6.3 STREE1 ADDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied wil	th this filing does not qualify f		section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on this annual report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes, 11 inflorer certify that the Informatic 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.

1