

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000005221

1. Corporation Name
LATIN AMERICAN NETWORK INTERNATIONAL INC.

Principal Place of Business 895 SW 86th CT MIAMI, FL 33144	Mailing Address P.O. Box 960669 MIAMI, FL 33296
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2. Principal Place of Business 21 895 SW 86th CT		2a. Mailing Address 26 P.O. Box 960669		3. Date Incorporated or Qualified 01/17/96	3a. Date of Last Report
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0632489	Applied For <input type="checkbox"/> Not Applicable
23 City & State MIAMI FL		28 City & State MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33144		29 Zip 33296		30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
25 Country		30 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FULVIO SCOTTO 895 SW 86th CT MIAMI FL 33144		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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: *Fulvio Scotto* **FULVIO SCOTTO** DATE: **4/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/S	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FULVIO SCOTTO		1.2 NAME	
STREET ADDRESS 895 SW 86th CT		1.3 STREET ADDRESS	
CITY- ST- ZIP MIAMI FL 33144		1.4 CITY- ST- ZIP	
TITLE T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ERNESTO GUTIERREZ		2.2 NAME	
STREET ADDRESS 895 SW 86th CT		2.3 STREET ADDRESS	
CITY- ST- ZIP MIAMI FL 33144		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 under oath; that I am an officer or director of this 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: *Fulvio Scotto* **FULVIO SCOTTO / PRESIDENT** DATE: **4/25/97** DAYTIME PHONE: **305-220-9254**

CR2E034 (9/96)