

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90140 028 ***150.00

DOCUMENT # P96000005221

1. Corporation Name

LATIN AMERICAN NETWORK INTERNATIONAL, INC.

Principal Place of Business

12855 SW 136 AVENUE
SUITE 106
MIAMI FL 33186
US

Mailing Address

PO BOX 960669
MIAMI FL 33296
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

65-0632489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 12855 SW 136 AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 101

City & State

23 MIAMI FL

Zip

24 33186

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SCOTTO, FULVIO
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

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 PS ☐ DELETE

NAME SCOTTO, FULVIO

STREET ADDRESS 12855 SW 136TH AVENUE, #106

CITY-ST-ZIP MIAMI FL 33186

TITLE T ☐ DELETE

NAME GUTIERREZ, ERNESTO

STREET ADDRESS 12855 SW 136TH AVENUE, #106

CITY-ST-ZIP MIAMI FL 33186

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

12855 SW 136 AVE, #101

MIAMI FL 33186

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

12855 SW 136 AVE, #101

MIAMI FL 33186

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SCOTTO / PRESIDENT

Date

4/23/99

305-408-9261

Daytime Phone #

CR2E034 (11/98)

02/8859