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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021574 (4)

LATIN AMERICA TRADE NETWORKS CORPORATION

Principal Place of Business

Mailing Address

## **FILED** May 05 1997 8:00am Secretary of State



| 21557 SAN KORENZO AVENUE<br>BOCA BATON FL 33433 |   | 21557 SAN LORENZO AVENUE<br>BOCA RATON FL 33433-1003 |                                |   |  |
|---|---|--|--------------------------------|---|--|
| ,   | •   |  |                                | 3, Date Incorporated or Qualified 03/08/1996  | 3a. Date of Last Report                  |
| 2. Principal Pi                                 | ace of Business                                     | 2a, Mailing Address                                  |                                | 4. FEI Number   | Applied For                              |
|   | ) NW 18th 'St.                                      | 26 P.O.BOK 522                                       | X44                            | 65-0647631  | Not Applicable                           |
| Suite, Apt. 6                                   |   | Suite, Apt. #, etc.                                  |                                | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required           |
| City & STATE<br>23 M.A.A                        |   | City & State 28 MIAMI                                | FL                             | Election Campaign Financing     Trust Fund Contribution                                   | \$5.00 May Be Added to Fees              |
| zip<br>24 3312                                  |   | 29 35152   | Country<br>30 USA              |   | Yes X No                                 |
| 9. Name and Address of Current Registered Agent |   |  |                                | 10. Name and Address of New Registered Agent  |  |
|   | ERILAWYER OMARTERED                                 |  | 81 Name                        | lorge S. Mabverda   |  |
|   | ALMERIK AVENUE                                      |  | 82 Street                      | Address (P.O. Box Number is Not Acceptable RANWOOD )                                      | ile)                                     |
| COF   | RAL GABLES FL 33134                                 |  | 83 -25                         | S CKANDOOD JIK.   |  |
|   |   |  | 94 0                           |   | 105 7 Octo                               |
|   |   |  | 84 City                        | LEY RISCAYNE  | FL 85 Zip Code 33149                     |
| 11. Pursuant t                                  | to the provisions of Sections 607.0502              | and 607.1508, Florida Statu                          | tes, the above-named           | corporation submits this statement for the poration's board of directors. I hereby accept | urpose of changing its registered        |
| agent. I as                                     | m familiar with, and accept the obliga              | tions of, Section 607.0505, FI                       | orida Statutes.                | poration's board of directors. Thereby accep  | n the appointment as registered          |
| SIGNATURE                                       | Signature, typed or printed name of registered ager | vendo  | LE: Registored Age t signature | Malaverdu TRES 7:   | -1/-9 7<br>DATE                          |
| 12.   | OFFICERS AND  |  | 13.                            | ADDITIONS/CHANGES TO OFFIC  | ERS AND DIRECTORS IN 12                  |
| TITLE   | PSTO  | DELETË   |                                | Pres, Sic., Treas.  | CERS AND DIRECTORS IN 12 Change Addition |
| NAME  | MALAVENDA, RICHARD S                                |  | 1.P NAME                       | MALAVENDA, GEDRGE<br>255 CRANWOOD DR  | S,                                       |
| STREET ADDRESS                                  | 21557 SAN LORENZO AVENUE                            |  | 10 STREET ADDRESS              | 255 CRANWOOD DR   | Į.                                       |
| CITY-ST-ZIP                                     | BOCA RATON FL 83433                                 | IT be ste  | 14 CITY-ST-ZIP                 | KEY BISCAYNE, FL 3314<br>Director, Vice-Pres.   | [ <b>q</b>                               |
| TITLE   | •   | ☐ DELETE   | 21 TITLE                       |   | Change M Addition                        |
| NAME  |   |  | 2 2 NAME                       | BRIAN LEE<br>1506 EL RADO S   | <i>4</i> .                               |
| STREET ADDRESS                                  |   |  |                                | 1500 200 200  | `  |
| CITY-ST-ZIP<br>TITLE                            |   | DELETE   | 2 4 CHY-ST-ZIP<br>3.1 TITLE    | MIAMI, FL 33134   | Change Addition                          |
| NAME  |   | LJ octivit   | 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 TO LE                      |   | ☐ Change ☐ Addition                      |
| NAME  |   |  | 5.2 NAME                       |   |  |
| STREET ADDRESS                                  |   |  | 5.3 STREET ADDRESS             |   |  |
| CITY-ST-ZIP                                     |   |  | 5.4 CITY - S1 - ZIP            |   |  |
| TITLE   | · <del></del>                                       | ☐ DELETE   | 6:1 TITLE                      |   | Change Addition                          |
| NAME  |   |  | 6.2 NAME                       |   |  |
| STREET ADDRESS                                  |   |  | 6.3 STREET ADDRESS             |   |  |
| CITY-ST-ZIP                                     |   |  | 6.4 CITY - ST - ZIP            |   |  |
|   | by certify that the information supplied            | with this filing does not qual                       |                                | stated in Section 119.07(3)(i), Florida Statute   | s. 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 logal 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.