

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****DOCUMENT # P96000026036**

1. Entity Name

LATIN AMERICAN ARTCONSULTANTS INC.**01 SEP 28 PM 1:35****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****773387**

Principal Place of Business

**2742 BISCAYNE BLVD
MIAMI, FL 33137**

Mailing Address

**2742 BISCAYNE BLVD
MIAMI, FL 33137**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FF Number

65-0654938

Applied For

File: Agriculture

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, ELOY
2742 BISCAYNE BLVD
MIAMI, FL 33137**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, handwritten name of registered agent and dated separately

(NOTE: All signed agents require a notary seal)

DATE

9. This corporation is eligible to carry its tangible
taxing jurisdiction and assets in our
state and on our behalf.**FILE NUMBER: 65-0654938**
DATE: 09/28/01
FILED: 09/28/01
NOTE: Check number to ensure correct filing.10. Election Campaign Financing
Trust Fund Contribution.☒**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	HERNANDEZ, ELOY	2742 BISCAYNE BLVD	MIAMI, FL 33137	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 11 or Block 12 if changed, or on an attachment with address, with all other fees enclosed.

SIGNATURE:

SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOTAL P. 02

222

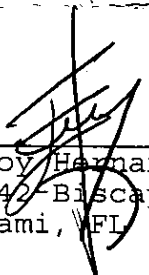
September 17, 2001

Ms. Katherine Harris
Secretary of State
Division of Corporations

Re: Annual Report 2001 for Latin American Art Consultants Inc.
#P96000026036

I would like to request waive of penalties for the year 2001 Annual Report. I never received the first notice to file the Annual Report. I know it is my responsibility to file and make the payment with or without the notice. I apologize for the inconvenience and misunderstanding this may have cause and promise to submit payment on time next year.

Sincerely,



Eloy Hernandez / Pres.
2742 Biscayne Blvd
Miami, FL 33137