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FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000094018 (4)

1. Corporation Name

LATIN AMERICAN FLAVOR INC.



Principal Place of Business

10 SW 8TH ST  
UNIT #4  
MIAMI FL 33130

Mailing Address

10 SW 8TH ST  
UNIT #4  
MIAMI FL 33130-3012

2. Principal Place of Business

21 10 S.W 8TH STREET

Suite, Apt #, etc.

22 UNIT# 26

City & State

23 MIAMI, FLORIDA

Zip

24 33130

Country

25 DADE

2a. Mailing Address

26 10 S.W 8TH STREET

Suite, Apt #, etc.

27 UNIT# 26

City & State

28 MIAMI, FLORIDA

Zip

29 33130

Country

30 DADE

3. Date Incorporated or Qualified

11/13/1996

3a. Date of Last Report

4. FEI Number

65-0743919

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

TORO, ALICIA D  
10 SW 8TH ST  
UNIT #4  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

TORO, ALICIA D

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

10 S.W 8TH STREET

83

UNIT# 26

84 City

MIAMI

FL

85 Zip Code

33130

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

Alicia del Toro

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/25/97

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE  
NAME TORO, ALICIA D  
STREET ADDRESS 10 SW 8TH ST  
CITY-ST-ZIP MIAMI FL 33130

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition  
1.2 NAME RAUL GARCIA  
1.3 STREET ADDRESS 10 S.W 8TH STREET UNIT# 26  
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33130

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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 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.

SIGNATURE:

Alicia del Toro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

305-573-6200

Daytime Phone #

CR2E034 (9/96)