


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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000029276 (7)

1. Corporation Name

LATIN AMERICA IMPORTS & EXPORTS, INC.

Principal Place of Business

3617 NORTHWEST 19 STREET  
LAUDERDALE LAKES FL 33311

Mailing Address

3617 NORTHWEST 19 STREET  
LAUDERDALE LAKES FL 33311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/01/1997	
22 3651 NW. 19th. St.		27 3651 NW. 19th. St.		4. FEI Number	
City & State		City & State		65-0741302	
23 Laud. Lakes, FL.		28 Laud. Lakes, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing	
24 33311 25 USA		29 33311 30 USA		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name	ANTONIO DAVILA
82 Street Address (P.O. Box Number is Not Acceptable)	11421 N.W. 38 Street # E
83	
84 City	Coral Springs
85 Zip Code	FL 33065

11. Pursuant to the provisions of Sections 607.0402 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

ANTONIO DAVILA

04/16/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	DAVILA, ANTONIO	1.2 NAME	DAVILA, ANTONIO
STREET ADDRESS	3617 NORTHWEST 19 STREET	1.3 STREET ADDRESS	11421 N.W. 38 St. # E
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	1.4 CITY-ST-ZIP	Coral Springs, FL. 33065
TITLE	S	2.1 TITLE	S
NAME	DAVILA, LOVELIA	2.2 NAME	DAVILA, LOVELIA
STREET ADDRESS	3617 NORTHWEST 19 STREET	2.3 STREET ADDRESS	11421 N.W. 38 St. # E
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	2.4 CITY-ST-ZIP	Coral Springs, FL. 33065
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE:

PRESIDENT - ANTONIO DAVILA 04/16/98 (954)486-7151

CR2E034 (10/97)