

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

FILED
Mar 18 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 # **P97000046765 (8)**

1. Corporation Name
LATIN AMERICAN CONSULTANTS, INC.

Principal Place of Business

**1915 FERDINAND STREET
CORAL GABLES FL 33134**

Mailing Address

**1915 FERDINAND STREET
CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1997	
21		26	10000 S.W. 93RD AVE.	4. FEI Number 65-0759264	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	1	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	MIAMI, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	30
				33176	U.S.

9. Name and Address of Current Registered Agent

**ALCAZAR, RAFAEL J
1915 FERDINAND STREET
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10000 SW 93RD AVE
83
84 City **MIAMI** FL 85 Zip Code **33176**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCAZAR, RAFAEL J	1.2 NAME	
STREET ADDRESS	1915 FERDINAND STREET	1.3 STREET ADDRESS	10000 SW 93RD AVE.
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	MIAMI, FL, 33176
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MAGDA I	2.2 NAME	
STREET ADDRESS	C/O 1915 FERDINAND STREET	2.3 STREET ADDRESS	10000 SW 93RD AVE
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	MIAMI, FL, 33176
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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; that 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:  **RAFAEL J. Alcazar** 3/12/98 305 3336466

CP2E034 (10/97)