2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # **P97000048249** 1. Entity Name LATIN TELECOMMUNICATION GROUP, INC. 05-02-2001 90067 034 ***150.00 Mailing Address Principal Place of Business 4704 SW 143 AVE. 4704 SW 143 AVE. MIAMI FL 33308 MIAMI FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0783633 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ·HIDALGO, EDGAR-Street Address (P.O. Box Number is Not Acceptable) 4704 SW 143 AVE. **MIAMI FL 33175** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Detete TITLE TITLE arturo j Hidalgo NAME NAME STREET ADDRESS STREET ADDRESS 4704 SW 143RD AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 ☐ Addition Change ☐ Delete TITLE TITLE **EDGAR A HIDALGO** NAME NAME STREET ADDRESS STREET ADDRESS 4704 SW 143RD AVE CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33175 Change ■ Addition TITLE ☐ Delete TITLE NAME JESUARDO E AREYAN NAME STREET ADDRESS STREET ADDRESS 4704 SW 143RD AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-2001 (305)220-6934