

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90197 049 ***150.00

DOCUMENT # P97000072252

1. Entity Name
LATIN AMERICAN CONCESSIONS, INC.

Principal Place of Business
4649 PONCE DE LEON #404 MIAMI FL 33146
Mailing Address
4649 PONCE DE LEON #404 MIAMI FL 33146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
MIAMI INTERNATIONAL AIRPORT
Suite, Apt. #, etc.
3. Mailing Address
PO BOX 997180
Suite, Apt. #, etc.

City & State MIAMI, FLORIDA MIAMI, FLORIDA
4. FEI Number 65-0780410
Applied For Not Applicable

Zip 33299 Country USA Zip 33299-7180 Country USA
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BENCOMO, ESTEBAN
2472 NW 21 TERRACE
MIAMI FL 33142
7. Name and Address of New Registered Agent
Name BENCOMO, ESTEBAN
Street Address (P.O. Box Number is Not Acceptable)
2411 SW 124 AVE
City MIAMI FL FL Zip Code 33175

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] ESTEBAN BENCOMO 4/24/02
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include VP BENCOMO, ESTEBAN; P BENCOMO, MIGDALIA; VPS AMARO, PEDRO JR.; VP THEOCEVIS, DIMUS; T ALBERNI, JOSE G.

13. 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.

SIGNATURE: [Signature] JOSE G. ALBERNI 4/24/02 305 871 0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)