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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073470 (1)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

LATIN NET, INC.

Principal Place of Business 2200 N. FEDERAL HIGHWAY HOLLYWOOD FL 33020 Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

2200 N. FEDERAL HIGHWAY HOLLYWOOD FL 33020

FILED Jun 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 08/25/1997

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

¬ • •	Country	han ""	L. Country	8. This corporation owes or has paid the current year intangible
4	25	29	[30]	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
	LGADO, JOSE A	MAIN TO	81 Namo	LOUIS F. CAST
2200 N. FEDERAL FIGHWAY A CO. A. Street Address (F.O. Box Number is Not Acceptable)				
НС	DLLYWOOD FL 33020	1000		10311 SW 56 STAEET
		~~~~.	83	
	<i>(</i> )		84 City	85 Zip Code
	<u> </u>		GH, City	MIAMI FL 3316-
11. Pureuant to the growings of Soctions 607 0502 and 607 1508. Horido Statutos, the above gamed 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 conforation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0605, Florida Statutes				
$\sim$				
SIGNATURE: Signature, typed or prystournestic of registered egent and sile if applicable (NOTE: Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND	DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	11 TITLE	Change Addition
NAME	<b>g</b> avira, jorge p		1.2 NAME	
STREET ADDRESS	<b>2200 N. FEDERAL HWY</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP	<b>8</b> 40
TITLE	SVD	DELTTE	2.1 HILE	PST Change Addition
NAME	DELGADQUOSE A		2.2 NAME	DELGADO, JUSE A
STREET ADDRESS	2200 N. FEDERAL HWY		2.3 STREET ADDRESS	2700 N FEDERAL HWY
CITY-ST-ZIP	HOLLYWOOD FL 33020		2. 4 CITY - ST - ZIP	Hol. 1 Vyunned El 23020
TITLE		DELETE	31 TITLE	PST DELGADO, JUSE A 2200 N FEDERAL HWY 140664YWOOD, FL 33020   Change   Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY- ST- ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELEYE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	1/ -
STREET ADDRESS			5.3 STREET ADDRESS	), <u>, , , , , , , , , , , , , , , , , , </u>
CITY-ST-ZIP			5.4 CITY-S1-ZIP	(11)
TITLE		DELETE	61 TITLE	Change Addition
NAME		property of the second like	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
				Ded times
City-St-ZiP	sortify that the information supplied with	this filing does not qualify to	6.4 CITY-ST-ZIP	d 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 attrachment with an address				