

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90114 030 ***150.00

DOCUMENT # P98000004801

1. Corporation Name
LATAMER ENTERPRISES USA, INC.

Principal Place of Business
P.O. BOX 220230
HOLLYWOOD FL 33022-0230

Mailing Address
P.O. BOX 220230
HOLLYWOOD FL 33022-0230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1998

4. FEI Number

65-0808874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 P.O. Box 290057

Suite, Apt. #, etc.

22 City & State

23 DAVIE FL

24 Zip 33329 25 Country USA

2a. Mailing Address

26 P.O. Box 290057

Suite, Apt. #, etc.

27 City & State

28 DAVIE, FL

29 Zip 33329 30 Country USA

9. Name and Address of Current Registered Agent

BRIEN, JOSEPH
1909 HARRISON STREET STE. 212
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name TERRY J CLARK

82 Street Address (P.O. Box Number is Not Acceptable)
4251 SW 54 AV

83

84 City DAVIE

FL

85 Zip Code 33314

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

Terry J Clark, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

99 Mar 31

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CLARK, GLENN R
STREET ADDRESS P.O. BOX 220230
CITY-ST-ZIP HOLLYWOOD FL 33022-0230

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D ☒ Change ☐ Addition
1.2 NAME CLARK, GLENN R
1.3 STREET ADDRESS P.O. BOX 220230
1.4 CITY-ST-ZIP DAVIE, FL 33329

2.1 TITLE P/S/C ☐ Change ☒ Addition
2.2 NAME CLARK, TERRY J
2.3 STREET ADDRESS P.O. BOX 290057
2.4 CITY-ST-ZIP DAVIE FL 33329

3.1 TITLE V/D ☐ Change ☒ Addition
3.2 NAME GURNOVICH, LUDMILA
3.3 STREET ADDRESS P.O. BOX 290057
3.4 CITY-ST-ZIP DAVIE, FL 33329

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Terry J Clark, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99 Mar 31

Date

(954) 327-8257

Daytime Phone #

0172018

CR2E034 (1/98)