2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015739 1. Entity Name LATIN AMERICAN TRADE & INVESTMENTS INC.							Secretary of State 01-16-2002 90206 011 ***150.00					
Principal Place 6874 SW 114 APT A MIAMI PL 331 2. Principal P	TH PL 173 FNE Place of Busin 9 S.W	3. Mailing Address	Mailing Address 1909 S.W. 78 TERRACE									
							DO NOT WRITE IN THIS SPACE					
City & Stat		City & State MiAmi, Fl	FLORIDA			4. FEI	Number NOT AF	PLICABLE		pplied For ot Applicable		
Zip 33 (83 Country			Zip 33 Coun		try	5. Certificate of Status Desired			red 🗌	See Required		
		7. Name and Address of New Registered Agent										
ANIMEZ ANITONIO E					Name							
NUNEZ, ANTONIO E 6874 SW 1/4TH PL					Street Address (P.O. Box Number is Not Acceptable)							
6874 SW 174TH PL -> WEN Address 11909S.W. 78 TErra												
MIAMI FL 33173 MIRMI, FLORAA3318					City	City FL Zip Code						
O. The chave		·							-			
b. The above	nameu enity	submits this statement for t	ine purpose or changing its	egister	ed onice of	registere	ed agen	t, or both, in the state	oi Fioriua.			
SIGNATURE .		NIO E. NUNE		14				1,	18/200	22		
	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE	Registere	d Agent signatu	re required v	when reinst	tating)	DATE			
Tax filing requirement and elects to do so. After May 1, 200				2 Fee	FEE IS \$150.00 Pree will be \$550.00 to Department of State			10. Election Campaig Trust Fund Contri			00 May Be d to Fees	
11.		OFFICERS AND D	IRECTORS	12.			ADDI	TIONS/CHANGES TO	OFFICERS AN	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, A 6401 S.W. MIAMI PL	/1167H CT/APT-C	Detete New Address		I			.W. 78Tevi		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				•	•		☐] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE						☐ Change	☐ Addition	

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2002

305-4/2-5577

Daytime Phone #