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

0223872

PROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 APR -8 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000057342

1. Corporation Name
OCHO-LATINO, INC.

Principal Place of Business
4705 S.W. 74TH AVE.
MIAMI FL 33155

Mailing Address
4705 S.W. 74TH AVE.
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1998

4. FEI Number 65-0853374 [ ] 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 [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 104 BOABADILLA ST
Suite, Apt. #, etc.
27 CORAL GABLES,
City & State
28 FLA
Zip 29 33134 Country 30

9. Name and Address of Current Registered Agent
OCHOA, EDUARDO
4705 S.W. 74TH AVE.
MIAMI FL 33155

10. Name and Address of New Registered Agent
81 Name CIARA PAEZ
82 Street Address (P.O. Box Number is Not Acceptable) 111 CIBAO CT
83
84 City CORAL GABLES FL 85 Zip Code 33132

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 X Clara Paez
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE 04-04-99

12. OFFICERS AND DIRECTORS

TITLE	PD	[X] DELETE
NAME	OCHOA, EDUARDO	
STREET ADDRESS	4705 S.W. 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
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

11 TITLE	PRESIDENT	[ ] Change [X] Addition
12 NAME	CIARA PAEZ	
13 STREET ADDRESS	111 CIBAO CT	
14 CITY-ST-ZIP	CORAL GABLES, FL 33134	
21 TITLE	VISE PRESIDENT	[ ] Change [X] Addition
22 NAME	ANA M MACIEL	
23 STREET ADDRESS	104 BOABADILLA ST	
24 CITY-ST-ZIP	CORAL GABLES, FL 33132	
31 TITLE	SECRETARY	[ ] Change [X] Addition
32 NAME	CIRO SOSA	
33 STREET ADDRESS	112 CIBAO CT	
34 CITY-ST-ZIP	CORAL GABLES, FL 33132	
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

300002820653--1--Addition
-12/14/98--01059--005
*****35.00 35.00

300002420653--0
-03/26/99--01114--003
****115.00 ****115.00

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: Clara Paez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/99 Date (305)448-8369 Daytime Phone #

CR2E034 (11/98)