

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061624

FILED
Jan 06, 2004
Secretary of State

Entity Name: EUROPEAN SPECIALTY LATIN AMERICA, INC.

Current Principal Place of Business:

1320 S DIXIE HWY
STE 375
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1320 S DIXIE HWY, 6TH FLOOR
CORAL GABLES, FL 33146

New Mailing Address:

1320 S DIXIE HWY
STE 375
CORAL GABLES, FL 33146

FEI Number: 65-0860143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNCAN, ROSARIO P
1320 S DIXIE HWY, 6TH FLOOR
CORAL GABLES, FL 33146

Name and Address of New Registered Agent:

JARAMILLO, LUIS
1320 S DIXIE HWY
STE 375
CORAL GABLES, FL 33146

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: LUIS JARAMILLO

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JARAMILLO, LUIS
Address: 1320 S DIXIE HWY STE 375
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: DAVIS, ALASDAIR
Address: 1320 S DIXIE HWY STE 375
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: WEBSTER, MARGARET
Address: 1320 S DIXIE HWY STE 375
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: LAROTTA, RAFAEL
Address: 1320 S DIXIE HWY STE 375
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS JARAMILLO

P

01/06/2004

Electronic Signature of Signing Officer or Director

Date