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

DOCUMENT #P98000071628

1. Corporation Name

LTM HUMANTECH CORPORATION

Principal Place of Business	Mailing Address				
9300 N.W. 25TH STREET #108	9900 N.W. 25TH STREET #108				

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

05-08-1999 90051 023 ***150.00



						:	18 BIII BIII	1983 1836 1838
Principal Plac	e of Business	Mailing Address			1 10011001 110 10101 10111 00111 00111	**** ***** ***** (/#		
00 N.W. 25TH S	TREET #108	9300 N.W. 25TH STREET #108						
AMI FL 33172		MIAMI FL 33172			DÓ NOT WRIT	E IN THIS SE	PACE	
					3. Date Incorporated or Qualified	, , , , , , o, o,		
					08/14/1998			
2 Principal P	Place of Business	2a. Mailing Address			4 EELNumber		A	pplied For
21		26			65-0859762	,	} 	lot Applicable
Suite Ant.	#.etc	Suite, Apt. #,-etc						Additional
22		27			5. Certifcate of Status Desired		Fee R	Required
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		-	to Fees_
Zip	Country	Zip	Соцг	itry	8. This corporation owes the curre	ent year Intang	gible	
24	25	293	0		Personal Property Tax.	7	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Ag	ent	
				81 Name S	ANDRA HIJJAR			
	DRATION SERVICE COMPANY		-	82 Street Add	Iress (P.O. Box Number is Not Accepta	ble)	1.50	
	IAYS STREET			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	OO NW 25 STRE	et#	108	
TALLA	HASSEE FL 32301-2525		Ì	83				
				0.4 Cit		1	95 7:A	Code
				84 City	i DMi	FL!	85 3	3172
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the ab	ove-named corp	poration submits this statement for the	purpose of cha	anging its	s registered
office or I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auth	norized	by the corporati	ion's board of directors. I hereby accept	t the appointm	ent as re	egistered
	S0 11		J Claiu			4/27/	39	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: R	egistered /	Agent signature require	ed when reinstating)	DATE		 -
12.		D DIRECTORS	13.	_	ADDITIONS/CHANGES TO OFF			
	<u> </u>	☐ DELETE	1.1 TITI	.E] Change	Addition
NAME E	ARBOSA, LUCIA		1.2 NA	ME				
	V.RIO BRANCO 89-7 ANDAR		1.3 STF	REET ADDRESS				
	IO DE JANEIRO, RJ, BRAZIL		1.4 CIT	Y-ST-ZIP				
TITLE]	to and the second second	☐ DELETE	2.1 TITI	E] Change	☐ Addition
NAME F	ERNANDES, MARCOS		2.2 NAJ	ME .				
	V.RIO BRANCO 89-7 ANDAR		2.3 STF	REET ADDRESS			مسد	
	10 DE JANEIRO, RJ, BRAZIL		l	ry-ST-ZIP				
TITLE \	/D	☐ DELETE	3.1 TITI				Change	☐ Addition
	IJJAR, SANDRA		3.2 NAI					
	300 N.W. 25TH STREET #108			REET ADDRESS				
	MAMI FL 33172		1	Y-ST-ZIP				
	D SD	☐ DELETE	4.1 TITI				Change	Addition
	LIIZ ANTONIO SAO PAULO		4. 2 NA			_	-	
	1300 N.W. 25TH STREET #108			REET ADDRESS				
			i .					
	IAMI FL 33172	DELETE	-	Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·] Change	☐ Addition
TITLE			5.1 TIT				go	
NAME				REET ADDRESS				
STREET ADDRESS	3							
CITY-ST-ZIP		Operer	5.4 CfT 6.1 TITI	Y-ST-ZIP] Change	Addition
TITLE		☐ DELETE	l .	Į.		L.	_i change	[_] AGGIIGH
NAME			6.2 NA					
STREET ADDRESS	· '			REET ADORESS				
CITY-ST-ZIP			6.4 CIT	Y-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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR