PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000082854 1. Corporation Name

LAS AMERICAS FINANCIAL SERVICES, INC.

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90047 010 ***150.00



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Principal Place	of Business	Mailing Address			1 100 Had I I I I I I I I I I I I I I I I I I I		
6113 MEMORIA	- MY A O LL JATER D	& GLID MEMORIAL PRAY		756	, (
TAMPA FL 33615 SYGS BRYWATER DE 6119 MEMORIAL HAY APT. 12 FYGS BRYWATER DR. TAMPA FL 33615					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					09/21/1998		
					4. EEI Number	1 For	
Principal Place of Business 2a. Mailing Address					TENTREPORTATION	plicable	
21 26 5.00 Apt # 215					\$8.75 Addit	` 	
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.			5. Certificate of Status Desired		
City & State City & State				•	6. Election Campaign Financing \$5.00 May	Be	
					Trust Fund Contribution Added to Fe		
3			Countr	ν	8. This corporation owes the current year Intangible		
				•	Personal Property Tax.		
4	25 29 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	S. HEINE GIRD PROFESS OF COLUMN		8	1 Name			
APONTE, MAX 0119 MEMORIAL TWAY 5465 BAYWATER DR APT. 122 TAMPA EL 33615				1 01	Street Address (P.O. Box Number is Not Acceptable)		
				2 Street /			
				3			
TAMPA FL 03815			上	 	85 Zip Code		
			8-	- 1	· · · · · · · · · · · · · · · · · · ·	·: •	
44 Durmunet	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	. the abo	ve-named	corporation submits this statement for the purpose of changing its registration's board of directors. I hereby accept the appointment as register	stered	
12.	Signature, typed or privided rifere of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS			ent signature it	Quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
mle	D.	DELETE			P P P P P P P P P P P P P P P P P P P	Addition	
NAME	APONTE, MAX		12 NAME	:	APONTE MAX		
STREET ADDRESS	6119 MEMORIAL HWY, APT. 12		1.3 STRE	ET ADDRESS	5465 BAYWATER DR		
CITY-ST-ZIP			1.4 CITY-	ST-ZP	TAMPA FL 33613		
TITLE	D	☐ DELETE	21 MILE		<i>(</i>)	Addition	
NAME -	LUGO, MARTHA		2.2 NAME	:	LUGO MARTHA		
STREET ADDRESS	6119 MEMORIAL HWY, APT. 12				5465 BAYWATUR DR		
CITY-ST-ZIP	TAMPA FL 33815		2.4 CITY	ST-ZIP	TAMPA FL 33615-	-	
TITLE ~		☐ DEFELE	31111/15		ν γ -		
NAME	APONTE, ALEXANDER	~ ·	3.2 NAME	: -	APONTE ALEXANDER		
STREET ADDRESS	6119 MEMORIAL HWY, APT. 12	2	3.3 STRE	ET ADDRESS	5465 BAYWATER DR		
CITY-ST-ZIP	TAMPA FL 33615		34. CITY-	-ST-ZIP	TAMPA FL 33615	Addition	
ITILE		☐ DELETE	4,1 TITLE		☐ Change	ACCHUCIN	
NAME			4.2 NAM	:			
STREET ADDRESS			4.3 STRE	ET ADORESS	•		
CITY-ST-ZIP	·		4.4 CITY-	\$T-ZIP) Addition	
TITLE		☐ DELETE	5.1 TTILE		☐ Change		
NAME			5.2 NAME				
STREET ADDRESS	l .		E SECTRE	et adoress			
			1	1			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		Address	
CITY-ST-ZUP		OELETE	5.4 CITY- 6.1 TITLE	ST-ZIP	Change [Add/tion	
		OELETE .	5.4 CITY-	ST-ZIP	☐ Change [Add/tion	
TITLE		DELETE .	5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP	☐ Change [Addition	
TITLE NAME		DELETE .	5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP	☐ Change [Addition	

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 end accurate and that my signature shall have the same legal effect as if made under oath; that I am a officer or director of the corporation or the receiver or trustee empewated 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: