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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** 

1. Corporation Name

Ref. Number: P98000092695

LATIN GLOBE BUSINESS TRADING, INC.

## FILED May 27, 1999 8:00 am Secretary of State

05-27-1999 90001 016 \*\*\*150.00

Principal Plac	e of Business	М	ailing Address								
							DO NOT WRITE IN THIS	SPACE			
							3. Date Incorporated or Qualifed 11/02/98				
2. Principal P	lace of Business	2a	. Mailing Address				4. FEI Number		Appli	ed For	
21			275 Founta	ineb	eau Bl	.vd	65-0897912	1	Not /	Applicable	
Suite, Apt.	#, etc.	1201	Suite, Apt. #, etc.					\$8.7	5 Ad	ditional	
22		27	Suite 172				5. Certifcate of Status Desired	Fee	Requ	iired	
City & State		Т.	City & State				6. Election Campaign Financing	\$5.6	\$5.00 May Be		
23		28	_Miami,_FL		-		Trust_Fund_Contribution	Add	ed to	Fees	
Zip	Country		Zip		untry		8. This corporation owes the current year Int				
24	25	29	33172	30 L	J.S.A.		Personal Property Tax.	Yes		]No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered	Agent			
					81 Name	<i>a</i> O	ffices of Elizabeth (	Pine	AG-	Conte	
							ss (P.O. Box Number is Not Acceptable)			001110	
WLM	IC REGISTERED AGE	NTS	, INC.		330	21	Ponce de Leon Blvd. S	; te.	20	0	
	Brickell Avenue				83		Carrier of the second of the s				
	ami, FL 33131	•			84 City			85 Z	ip Co	de	
					Co:	ral	Gables FL	.     ;	331	34	
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statu	tes, the	hove-named	COFDOI	ration submits this statement for the purpose of	changing	its re	gistered	
office or r	egistered agent, or both, in the State of in familiar with and accept the obligat	ords of	da. Such change was a . Section 607.0505. Flo	autnorize orida Sta	a by the corp tutes.	oration	's board of directors. I hereby accept the appoin	illient as	, regis	ilereu	
SIGNATURE	1 After		\ \( \le \ \)	<del>-</del>			5/7/99			1	
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOT	. Registere	d Agent signature r	equired v	when reinstating) DATE				
12.	OFFICERS ANI	DIRE	<del></del>	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	President, Trea	ć.,,,	DELETE	1.1.7		Se	cretary & Director	☐ Chang		Addition	
NAME	Fernando Murill			1.21	IAME	An	dres Rube				
STREET ADDRESS	f .			1.3.5	TREET ADDRESS	c/	dres Rube o 3301 Ponce de Leon	Blv	ı.	Ste200	
CITY-ST-ZIP	c/o 3301 Ponce			, Pi.ko	Tr-sf-zh	Co	ral Gables, FL 33134				
TITLE	Coral Gables, F	ь з	3134 DELETE	2.1 T	ITLE	Pr	esident, Treasurer &	🔀 Chang	је	Addition	
NAME				2.2 N	AME	Di	rector			-	
STREET ADDRESS				2.3 S	TREET ADDRESS	Fe	rnando Murillo				
CITY-ST-ZIP				_#	CITY-ST-ZIP	c/	o 3301 Ponce de Leon-	-B <del>l-v</del> (	<b>a</b> ,	Ste200	
TITLE			DELETE	3.1 T	ITLE	Co	ral Gables,—FL 33134	_ Chang	je .	Addition	
NAME				32 N	AME		,,,				
STREET ADDRESS				3.3 S	TREET ADDRESS						
CITY-ST-ZIP					CITY-ST-ZIP			<u> </u>		C Addition	
TITLE			☐ DELETE	41T				Chang	3e	☐ Addition	
NAME				- 11	NAME						
STREET ADDRESS				4.3 S	TREET ADDRESS						
CITY-ST-ZIP					ITY-ST-ZIP					(T) 4 4 4 14 14 14 14 14 14 14 14 14 14 14	
TITLE			☐ DELETE	51T				Chanç	je	Addition	
NAME				52N							
STREET ADDRESS				u	TREET ADDRESS						
CITY-ST-ZIP			□ ac. c**		ITY-ST-ZIP		<u> </u>	- Che-		- Addition	
TITLE			☐ DELETÉ	6.1 7				☐ Chang	Эe	Addition	
NAME				11	IAME						
STREET ADDRESS				11	TREET ADDRESS						
CITY-ST-ZIP				6.4 0	ITY-ST-ZIP	<u></u>					

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 attackment withput address, with all other like empowered.

SIGNATURE: 🗡

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× 5/18+h/99