FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am P98000103459 **DOCUMENT #** Secretary of State 1. Entity Name 05-20-2002 90133 001 ***150.00 LATIN COMPUTER INC. 05-20-2002 90133 002 *****8.75 Mailing Address Principal Place of Business 9419 FONTAINEBLEAU BLVD 9419 FONTAINEBLEAU BLVD 3106 MIAMI FL 33172 MIAMI FL 33172 US HS 3. Mailing Address 2. Principal Place of Business 5923 RAVENSWOOD ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0882458 Not Applicable LAU den dale Country BROWHE \$8:75 Additional = 5. Certificate of Status Desired Fee Required BROWAR 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent IGNAC:0 CREZ Street Address (P.O. Box Number is Not Acceptable) PEREZ, IGNACIO J 9419 FONTAINEBLEAU BLVD. 3350 Emerald Pointe DR. SUITE 106 Zip Code **3302 MIAMI FL 33172** 8. 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 4-25-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition Delete TITLE IGNACIO, Perez NAME PEREZ, IGNACIO J 3350 Emerald Pointe DR. #102 Hollywood, Fl 33021 NAME STREET ADDRESS 9419 FONTAINEBLEAU BLVD. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SHONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

305 962 9383

Daytime Phone #