2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90032 036 ***150.00

DOCUMENT # P99000017700

1. Entity Name
LATIN AMERICAN SUPPLIES CORP.

Principal Place of Business	Mailing Address
c/o	c/o

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o ALEJANDRO A. CRESPO	C/O ALEJANDRO A CRESPO
Street Address: 9260 SW 72Nd ST #117	Street Address: 9260 SW 72Nd ST #117
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33173 County: DADE	Zip: 33173 County: DADE

4. FEI Number: 65-0901049 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALEJANDRO A. CRESPO 9260 SW 72Nd ST #117 MIAMI FL 33173	Name Street Address (P.O. Box Numbers Is Not Acceptable) City FL Zip Code

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.

SIGNATURE: Alejandro A. Crespo — 1/26/00
(Typed or printed name of registered agent and title if applicable) (CR2E Registered Agent's signature required when applicable) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back.) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PD VICENTE ACEVEDO, 7991 NW 21 ST, MIAMI FL 33122 — ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: VD ALFREDO MARIO LLINAS, 7991 NW 21ST ST, MIAMI FL 33122 — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PVTD ALFREDO MARIO LUNAS, 9745 SW 72Nd ST # 214, MIAMI FL 33173 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ST.D ANTONIO VIPAN, 8923 SW 102Nd PLACE, MIAMI FL 33176 — ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: S AGUSTIN ESPINEL, 9745 SW 72Nd ST # 214, MIAMI FL 33173 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition

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: [signature] — 1/26/00 — 305-275-7331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #