

DOCUMENT # **ppp1000032354**

1. Entity Name

LATCOM.NET INC.

Principal Place of Business

Mailing Address

100 SOUTH BISCAYNE BLVD.
SUITE 1111
MIAMI, FLORIDA 33131100 SOUTH BISCAYNE BLVD.
SUITE 1111
MIAMI, FLORIDA 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
00 SEP -8 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0909186

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

JOHN S. FLETCHER
5300 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131-2339

Name

Street Address (P.O. Box Number 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agents are required when reinstating)

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 9/12/00 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 IN 11

TITLE	D	☐ Delete
NAME	MICHELENA, JUAN A.	
STREET ADDRESS	800 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Delete
NAME	MICHELENA, III, JUAN A.	
STREET ADDRESS	350 PALMWOOD LANE	
CITY-ST-ZIP	KEY BISCAYNE, FLORIDA 33149	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

200003390502--5
-09/12/00--01026--019
***\$550.00 ***\$550.00

TITLE	D	☒ Delete
NAME	RAMIREZ, SALVADOR H.	
STREET ADDRESS	10212 NW 51st TERRACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33178	

TITLE	D	☐ Change ☒ Addition
NAME	REICH, OTTO J.	
STREET ADDRESS	5353 LEE HIGHWAY	
CITY-ST-ZIP	ARLINGTON, VA 22207	

TITLE	D	☐ Delete
NAME	FARRELI, RODGER E.	
STREET ADDRESS	APARTADO 81236, PRADO DEL ESTE	
CITY-ST-ZIP	CARACAS, VENEZUELA	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

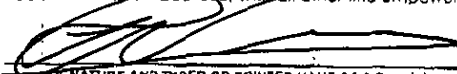
TITLE	D	☐ Delete
NAME	VANEGAS, LUIS A.	
STREET ADDRESS	6830 SW 94th COURT	
CITY-ST-ZIP	MIAMI, FLORIDA 33173	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: 

LUIS A. VANEGAS

9/6/00 (305) 372-9490

KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #