## 2000 UNIFORM BUSINESS REPORT (VBR)

DOCUMENT # P99000042438

3/3/00

## FILED May 15, 2000 8:00 am

Entity Name  LATINTRAIN, INC.							Secretary of State 03-03-2000 90235 001 ***150.00		
rincipal Place	of Business		Ma	ailing Address					
				-7700:PALMETTO_COURT MIAMI FL 33156-5202					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State				City & State			<b>4.</b> F	FEI Number	
Zlp Country				Zip Country					
6. Name and Address of Current F				tered Agent	7. Name and Address of New Registered Agent				
0.4.0400						Name			
SALGADO, JULIO C 7700 PALMETTO COURT MIAMI FL 33156				·		Street Address (F		3ox Number is Not Acceptable)	
					City FL Zip Code				
8. The above t	named entity s	submits this statemer	nt for the	ourpose of changing its	register	ed office or i	registered ag	gent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed by	printed name of registered a	nent and title	d annicable (NOT	E: Registere	d Agent signatur	e required when n	reinstatute) DATE	
9. This corporation is eligible to satisfy its Intangible  Tax tilling requirement and elects to do so.  (See criteria on back)    Tax tilling requirement and elects to do so.   After MAY 1,   Make Check Pay					000 Fee	will be \$5	50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
11.		OFFICERS A	ND DIRE		12.			DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALGADO, 7700 PALM MIAMI FL 3	IETTO COURT		☐ Delete		í		Change Addition 66 66 75 86 86 86 86 86 86 86 86 86 86 86 86 86	
NAME STREET ADDRESS CITY-ST-ZIP	The state of the s			☐ Delete	•		SALG 7700 MIA	PRESIDENTARIA MARTHA Change MAddition & PACHLETTO COURT  Mi. TC 33156	
TRILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		•		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>	□ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- 1		·	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		Delete				☐ Change ☐ Addition	
indicated of the cor	on this report rporation or the or an an attack	or supplemental reperence or receiver or trustee or receiver or trustee or receiver or trustee or receiver or trustee or receiver or recei	empower ess, with	filing does not qualify and accurate and that do execute his reportal other like empowers all other li	t my sign et as requ d.	ature shall he sired by Cha	ted in Section ave the same opter 607, Flo	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 11 or Block 12 if  6 ADD  2/15/2000 305 - 97/3496  Daytime Phone #	