2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 03, 2000 8:00 am Secretary of State DOCUMENT # P99000048268 LATIN AMERICA REPRESENTATIVE, INC. 08-03-2000 90004 042 ***550.00 Principal Place of Business Mailing Address 5624 36TH SOUTH STREET 5624 36TH SOUTH STREET GREEN ACRRES FL 33463 GREEN ACRRES FL 33463 U0076259 2. Principal Place of Business 3. Mailing Address 6280 AUSTEL COURT 6280 AUSTEL COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0924299 LAKE WORTH LAKE WORTH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33 33463 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CESAR SAぺとHEて SPIEGEL & UTRERA, P.A. Street Address (PO. Box Number is Not Acceptable)
6280 AUSTEL COURT 343 ALMERIA AVENUE CORAL GABLES FL 33134 LAKE WORTH 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State : ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE NAVARRETE, LYDIA Z NAME 5624 36TH SOUTH STREET STREET ADDRESS STREET ADDRESS **GREEN ACRRES FL 33463** CITY-ST-ZIP CITY-ST-ZIP PSTO TITLE ☐ Delete Change CESAR SANCHEZ NAME NAME 6280 AUSTEL COURT STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33463 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP is fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director do execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplendicated on this report or supplemental of the corporation or the receiver changed, or on an attachment w other like empowered.

MEGUERED

Daytime Phone #

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: