

**FILED**

**Mar 07, 2000 8:00 am**  
**Secretary of State**

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000084727

1. Entity Name  
EL LATIN.CRIOLLO CORP.

Principal Place of Business  
100 WEST 29TH STREET  
FL 33010

Mailing Address  
496 WEST 29TH STREET  
HIALEAH FL 33012-5729

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0953343

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ROBAINA, WILFREDO  
496 WEST 29TH STREET  
HIALEAH FL 33010

7. Name and Address of New Registered Agent  
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 Agent signature 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 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  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
ROBAINA, WILFREDO  
496 WEST 29TH STREET  
HIALEAH FL 33010  
Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
PENA, JORGE LUIS  
496 WEST 29TH STREET  
HIALEAH FL 33010  
Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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: [Signature]  
WILFREDO ROBAINA  
02/29/2000 (305) 887-4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #