FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S18762** **(2)**

1. Corporation Name

LATIN AMERICAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~6157 NW 167TH ST~~ 1080 NW 163rd. Dr. ~~STE F13~~ ~~MIAMI LAKES FL 33015~~ US MIAMI, FL 33169-5818	~~6157 NW 167TH ST~~ 1080 NW 163 Dr. ~~STE F13~~ ~~MIAMI LAKES FL 33015~~ US MIAMI, FL 33169-5818

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/17/1990	3a. Date of Last Report: 04/11/1995
4. FEI Number: 65-0416747	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PINO, JUAN JOSE
~~6157 NW 167TH ST~~ 1080 NW 163rd. Dr.
~~STE F13~~ MIAMI, FL 33169-5818
~~MIAMI LAKES FL 33015~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when new status) (DATE)
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PINO, JUAN J.		1.2 NAME		
STREET ADDRESS	~~6157 NW 167TH ST F13~~		1.3 STREET ADDRESS	1080 NW 163rd. DR.	
CITY-ST-ZIP	~~MIAMI LAKES FL~~		1.4 CITY-ST-ZIP	MIAMI, FL 33169-5818	
TITLE	VTD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SILA, CARLOS		2.2 NAME		
STREET ADDRESS	~~6157 NW 167TH ST F13~~		2.3 STREET ADDRESS	1080 NW 163rd. Dr,	
CITY-ST-ZIP	~~MIAMI LAKES FL~~		2.4 CITY-ST-ZIP	MIAMI, FL 33169-5818	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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