FILED

2003 FOR PROFIT CORPORATION

Jan 27, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** S18762 DOCUMENT # 01-27-2003 90194 044 ***158.75 1. Entity Name LATIN AMERICAN ENTERPRISES, INC. Mailing Address Principal Place of Business 2929 SW 3RD AVENUE 3RD FLOOR 2929 SW 3RD AVENUE 3RD FLOOR MIAMI FL 33129 MIAMI FL 33129 บร 2. Principal Place of Business 29 29 500 3 3. Mailing Address 29 Suite, Apt. #, etc X CHECK HERE IF MAKING CHANGES **320** 3*2*0 Applied For 4. FEI Number 65-0416747 NIAM Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ひら S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 4) 40 Mang PINO, JUAN J Street Address (P.O. Box Number is Not Acceptable) 440 SAWGRASS CORP PKWY, #112 SUNRISE FL 33325 9929 SW 3Rd. Avenue 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. I am familiar with, and accept the obligations of registered agent **YiNO** SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE Delete TITLE Addition Dino Juan Jose PINO, JUAN J. NAME NAME 2929 SW 3Rd Due Suite 320 440 SAWGRASS CORP PKWY, #112 STREET ADDRESS STREET ADDRESS SUNRISE FL 33325 CITY-ST-ZIP CITY-ST-7IP VTD TITLE Delete TITLE ☐ Change ☐ Addition GUISSANI, LUCA NAME NAME 440 SAWGRASS CORP PKWY, #112 STREET ADDRESS STREET ADDRESS SUNRISE FL 33325 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on a