SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

TALLAHASSEE, FLORIDA

DOCUMENT # V58064 (9)

1. Corporation Name
~~7ATIN POWER, INC.~~
LATIN POWER, INC.

Principal Place of Business
1975 E. SUNRISE BLVD. ~~#100~~ #616
FT. LAUDERDALE FL 33304

Mailing Address
1975 E. SUNRISE BLVD. #100
FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified: 08/12/1992
3a. Date of Last Report: 06/21/1995

2. Principal Place of Business
21: Same
22 Suite, Apt. # etc.: #616
23 City & State:
24 Zip: 25 Country:

2a. Mailing Address
26: Same
27 Suite, Apt. # etc.:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 65-0442887 — 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 uncollected tax under s. 443.131 Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MICELI, ELAINE
1975 E. SUNRISE BLVD. ~~#100~~ #616
FORT LAUDERDALE FL 33304

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 Section 607.0502 and 607.1626, 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VASQUEZ, ERWIN M MD. 2600 N.E. 9TH ST. FORT LAUDERDALE FL 33304	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Add 100001SSSS21 -09/25/96--010.23--025 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MICELI, ELAINE 820 N.E. 26TH AVENUE FORT LAUDERDALE FL 33304	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Add JB 9-16-96

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is true 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 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 1 or Block 13 if changed, or added to the report with an address.

SIGNATURE: Elaine Miceli — 9/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR