## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V59803 1. Corporation Name

Principal Place of Business

## LATIN AMERICAN INDEPENDENT NETWORK INTERNATIONAL

400 S. POINT DR. SUITE 1409		400 S. POINT DR. SUITE 1409		DO NOT WRITE IN THIS SPACE					
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139								3 3FACE	
						3. Date Incorporated or Qualifed 08/25/1992			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21 26						65-0359642	•	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75 A	ditional
	, , , , , , , , , , , , , , , , , , ,	27				5. Certifcate of Status Desired		Fee Req	juired
City & Stat	Δ	City & State				6. Election Campaign Financing		\$5.00 N	Jav Be
<b>─</b> , •	•	28				Trust Fund Contribution		Added to	, ,
Zip	Country	Zip	Cou	intry		8. This corporation owes the curr	ent vear Ir		
		<del> </del>	30	,		Personal Property Tax.	crit your "		⊐No I
24	9. Name and Address of Current		30	1		10: Name and Address of New I		Agent	
	5. Name and Address of Current	vedizielen wäeur		81	Name	Tuling Brid Flad 500 C. No.			
NED	i, julio								
	S. POINT DR.	· ••,		82	Street Addr	ress (P.O. Box Number is Not Accepta	able)		
			Ť				i de per el gua Transperier de		11.04.130.1
	E 1409			83			5(3) (27).	以機構技工	
MIAI	MI BEACH FL 33139			84	City	2 5 5 6 7 7 24 8 4 1 4 7 5 7 7 7 8 1 1 7 8 1 1 1 1 1 1 1 1 1 1 1 1	1 A 2 181	* 85 Zip C	ode
				5	City		FI	_  00  = 0	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation of the state	f Florida. Such change was au ons of, Section 607.0505, Flori	ithorized ida Stati	oy tutes.	tne corporatio	on's board of directors. I hereby acce	ot the appo	nintment as reg	istered
12.	OFFICERS AND		13.	Agent	t aignature require	ADDITIONS/CHANGES TO OF		ND DIRECTOR	RS IN 12
	DP OFFICERS AND	DELETE	1.1 TR	ΠE		<del></del>		Change	Addition
TITLE	-,	C beec.				74 ( 37 )			- }
NAME	NERI, JULIO								
STREET ADDRESS	400 S. POINT DR., #1409			AME.					Ì
CITY-ST-ZIP					ADDRESS				}
TITLE	MIAMI BEACH FL		1.3 ST				. <del> </del>		
	MIAMI BEACH FL ST	☐ DELETE	1.3 ST	TY-ST		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME		☐ DELETE	1.3 ST 1.4 CF	TY-ST		· · · · · · · · · · · · · · · · · · ·	, .	[] Change	☐ Addition
NAME STREET ADDRESS	ST NERI, JULIO	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA	TREET TY-ST TLE				[] Change	Addition
STREET ADDRESS	ST NERI, JULIO 400 S. POINT DR., #1409	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST	TREET TY-ST TLE	-ZIP ADDRESS			[_] Change	Addition
	ST NERI, JULIO	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST	TREET TLE AME TREET TTY-ST	-ZIP ADDRESS			Change	Addition  Addition
STREET ADDRESS CITY-ST-ZIP TITLE	ST NERI, JULIO 400 S. POINT DR., #1409 MIAMI BEACH FL DV		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C	TY-ST TLE AME TREET TTY-ST	-ZIP ADDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST NERI, JULIO 400 S. POINT DR., #1409 MIAMI BEACH FL DV LADERA, MARIA CAROLINA		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA	TREET TLE AME TREET TTY-ST TLE AME	- ZIP - ADDRESS T- ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST NERI, JULIO 400 S. POINT DR., #1409 MIAMI BEACH FL DV LADERA, MARIA CAROLINA 4746 COLLINS AVE, DOCK 1		1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	TREET TLE AME TREET TTY-ST TLE AME TREET	T-ZIP  ADDRESS T-ZIP  ADDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NERI, JULIO 400 S. POINT DR., #1409 MIAMI BEACH FL DV LADERA, MARIA CAROLINA	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4, CF	TREET TLE AME TREET TLE AME TREET TLE AME TREET	T-ZIP  ADDRESS T-ZIP  ADDRESS			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST NERI, JULIO 400 S. POINT DR., #1409 MIAMI BEACH FL DV LADERA, MARIA CAROLINA 4746 COLLINS AVE, DOCK 1		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST 3.4 . C 4.1 TF	TREET TY-ST TLE AME TREET TLE AME TREET TLE TREET TLE TREET TTLE TREET	T-ZIP  ADDRESS T-ZIP  ADDRESS		· · · · · · · · · · · · · · · · · · ·		Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST NERI, JULIO 400 S. POINT DR., #1409 MIAMI BEACH FL DV LADERA, MARIA CAROLINA 4746 COLLINS AVE, DOCK 1	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4. CF 4.1 TF 4.2 N	TREET TY-ST TILE TREET TILE TREET TILE TILE TILE TILE TILE TILE TILE T	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST NERI, JULIO 400 S. POINT DR., #1409 MIAMI BEACH FL DV LADERA, MARIA CAROLINA 4746 COLLINS AVE, DOCK 1	☐ DELETE	1.3 ST 1.4 CC 2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4. CC 4.1 TT 4.2 N 4.3 ST	TREET TY-ST TILE TREET TITY-ST TILE TITY-ST TILE TREET TITY-ST TILE TITY-ST TILE TITY-ST TILE TITY-ST TILE TITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change	Addition
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14. 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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: /

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

☐ DELETE

**FILED** 

Feb 12, 1999 8:00am

**Secretary of State** 

02-12-1999 90007 021 \*\*\*150.00

Change

☐ Addition