

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 28 1997 8:00am  
Secretary of State

DOCUMENT # V69299 (8)

1. Corporation Name  
LATIN AMERICAN MARKETING GROUP, INC.



Principal Place of Business  
15915 KINGSMOOR WAY  
MIAMI LAKES FL 33014

Mailing Address  
15915 KINGSMOOR WAY  
MIAMI LAKES FL 33014-6559

3. Date Incorporated or Qualified 10/07/1992  
3a. Date of Last Report 04/08/1996

2. Principal Place of Business  
21 3900 Berry Lane  
22 Suite, Apt. #, etc.  
23 City & State Clemmons N.C.  
24 Zip 27012  
25 Country Fortky

2a. Mailing Address  
26 P.O. Box 1309  
27 Suite, Apt. #, etc.  
28 City & State Clemmons N.C.  
29 Zip 27012  
30 Country USA

4. FEI Number 65-0372718  
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  
VILLAFANE, EDUARDO  
15915 KINGSMOOR WAY  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent  
81 Name Michael J. McGee, CPA  
82 Street Address (P.O. Box Number is Not Acceptable) 15476 NW 77th Court  
83 Suite 411  
84 City Miami Lakes FL 85 Zip Code 33016

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 Michael J. McGee 4/15/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE P  
NAME VILLAFANE, EDUARDO  
STREET ADDRESS 15915 KINGSMOOR WAY  
CITY-ST-ZIP MIAMI LAKES FL  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS -3900 Berry Lane - P.O. B 1309  
1.4 CITY-ST-ZIP Clemmons N.C. 27012-1309  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: 4/1/97 (910) 766-1666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)