

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 820927 (2)

1. Corporation Name  
OMC LATIN AMERICA/CARIBBEAN, INC.



Principal Place of Business 100 SEA HORSE DRIVE WAUKEGAN ILLINOIS 60085-9185	Mailing Address 100 SEA HORSE DRIVE WAUKEGAN ILLINOIS 60085-9185
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1967	
21		26		4. FEI Number 36-2536154	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSJ	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BADDELEY, D J			1.2 NAME	D. D. JONES, JR.		
STREET ADDRESS	100 SEA HORSE DR			1.3 STREET ADDRESS	100 SEA HORSE DR.		
CITY-ST-ZIP	WAUKEGAN IL			1.4 CITY-ST-ZIP	WAUKEGAN, IL 60085		
TITLE	CD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWMAN, H.W.			2.2 NAME			
STREET ADDRESS	100 SEA-HORSE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	WAUKEGAN IL			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTADE, R M			3.2 NAME			
STREET ADDRESS	403 SAWGRASS CORP PKWY			3.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMANO, R.S.			4.2 NAME	R.S. ROMANO		
STREET ADDRESS	100 SEA HORSE DR.			4.3 STREET ADDRESS	100 SEA HORSE DR.		
CITY-ST-ZIP	WAUKEGAN IL			4.4 CITY-ST-ZIP	WAUKEGAN, IL 60085		
TITLE	VT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIRES, J.			5.2 NAME			
STREET ADDRESS	403 SAWGRASS CORP PKWY			5.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	ASST S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	G.G. REPP		
STREET ADDRESS				6.3 STREET ADDRESS	100 SEA HORSE DR.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	WAUKEGAN, IL 60085		

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.

SIGNATURE:

*[Signature]*

4-21-98 (847) 689-7157

CP2E034 (1097)