

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership LATICAS CAPITAL, LTD.	1a. DOCUMENT # A94000000616
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Handwritten initials and date: H 12/27

Mailing Address % PAUL R. SCOTT 5301 FOUNTAINS DR. S. APT. 101 LAKE WORTH FL 33467	Principal Office Address %PAUL R. SCOTT 60 E. 42ND ST., SUITE 501 NEW YORK NY 10165	3. Date Formed or Registered 05/04/1994	5a. Capital Contributions as Shown on record \$7,500.00
2. Mailing Address 60 EAST 42ND STREET SUITE 501 NEW YORK, NY 10165 USA	2a. Principal Office Address SUITE 501 NEW YORK, NY 10165 USA	3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$100.
4. State or Country of Formation FL		6. FEI Number 65-0486380	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SCOTT, PAUL R 5301 FOUNTAINS DR. S. APT. 101 LAKE WORTH FL 33467

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) SCOTT, PAUL R	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5301 FOUNTAINS DR. S. APT. 101	11b. City, State & Zip Code LAKE WORTH FL 33467	11c. Registration/Document Number 000002042190--5 -12/31/95--01058--010 ****191.25 ****191.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Paul R. Scott DATE 12/12/96
 Typed or Printed Name of General Partner Signing Form PAUL R. SCOTT Daytime Telephone Number (712) 986-7410

CR2E003 (6/96)