

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 12 PM 1:47



1. Name of Limited Partnership	1a. DOCUMENT # A94000000616
LATICAS CAPITAL, LTD.	

Mailing Address %PAUL R. SCOTT 60 E. 42ND ST., SUITE 501 NEW YORK NY 10165	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	2a. Principal Office Address	3a. Date of Last Report 12/19/1996	5b. Amount of Capital Contributions in FL ORIDA to date. \$100.-
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0486380 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip Country	Zip Country		

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 Zip Code
	400002375284--9 -12/17/97--01086--011 ***156.25 ***156.25 FL

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SCOTT, PAUL R	5301 FOUNTAINS DR. S.	LAKE WORTH FL 33467	<i>[Handwritten Signature]</i> 12-14

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 *12/8/97*
 Typed or Printed Name of General Partner Signing Form *PAUL R. SCOTT* Daytime Telephone Number *(212) 986-7410*

CR2EC03 (6/97)