

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR -6 AM 10:20

1. Name of Limited Partnership LATICAS CAPITAL, LTD.		1a. DOCUMENT # A94000000616	
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	
2. Mailing Address 1370 AVENUE OF AMERICAS Suite, Apt. #, etc. 32ND FLOOR City & State NEW YORK, NY Zip 10019 Country USA		2a. Principal Office Address 1370 AVENUE OF AMERICAS Suite, Apt. #, etc. 32ND FLOOR City & State NEW YORK, NY Zip 10019 Country USA	
3. Date Formed or Registered 05/04/1994		5a. Capital Contributions as Shown on record \$7,500.00	
3a. Date of Last Report 12/12/1997		5b. Amount of Capital Contributions in FLORIDA to date. \$ 100.00	
4. State or Country of Formation FL		6. FEI Number 65-0486380 <input type="checkbox"/> Applied For <input checked="" 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) 4657 FOUNTAINS DRIVE SOUTH Suite, Apt. #, etc. SUITE 2017 City LAKE WORTH FL Zip Code 33467	
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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. 4657 FOUNTAINS DRIVE SOUTH, SUITE 2017	11b. City, State & Zip Code LAKE WORTH FL 33467	11c. Registration/Document Number 0000028845378-5 04/09/99-01092-024 ****141.25 ****141.25
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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
PAUL R. SCOTT

DATE

4-2-99
(212) 489-0500

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)