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

1. Name of Limited Partnership

1a. DOCUMENT # **B9800000199**





HASBRO LATIN AMERICA, L.P.			1804184 1978 19181 10131 88114 88141 88111 88111 88111 88111 18181 11818 18114 (\$1) 1981	
Mailing Address Principal Office Address 1027 NEWPORT AVENUE 1027 NEWPORT AVENUE PAWTUCKET RI 02862 PAWTUCKET RI 02862			3. Date Formed or Registered 04/01/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$10,000.00
2. Malling Address Suite, Apt. #, etc.	2a. Principal Office Address 13 COG BISCALI Suite, Apt. #, etc.	ne Blud.	4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date # 1C, CCC
City & State Zip Country	Ste 300 City & State Miani, 11	ountry	6. FEI Number OS - C49 677 7. Certificate of Status Desired	Applied For Not Applicable \$8.75 Add/stonal Fee Required
9. Name and Address of Current I	33181		Make check payable to: Dept. of 10. If changed, new Registered	State (See reverse side for fee information) Agent/Office
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zup Code de limited partnership organized or registered under the laws of the State of Florida, submits this statement ida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered.		
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	IS A CORPORATION, LI	MITED PAR	DATE TNERSHIP OR OTHI	ER BUSINESS ENTITY
MUST 11. Name(s) of General Partner(s)	T BE REGISTERED AND 11a. Address of Each General Par (Do NOT Use Post Office Box No		TH THIS OFFICE. City, State & Zip Code	11c, Registration/
HASBRO LATIN AMERICA HOLDING			PAWTUCKET RI 02862 F98000001863	
			(∃4110114(3147) -(1371) ****	F9800001863 PERD 1 S:4 SISI 0/9901098001 158.75 ****158.75
Note: General partners MAY NOT	be changed on this form;	an amendme	nt must be filed to cha	ange 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 1 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 in 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 GATHER SECRET SERVICE PRESIDENT, HASBEU LATIN ANCE PER NOLO INC STAR Typed or Printed Name of General Partner Signing Form