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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400001117 (0)

ANTEC LATIN AMERICA, INC. Principal Place of Business Mailing Address 2850 WEST GOLF ROAD 2850 WEST GOLF ROAD **PIOLLING MEADOWS IL 60008** ROLLING MEADOWS IL 60008 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 36-3684616 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Ζιρ Country This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD **B2** Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 Zip Code 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition EGAN, JON M. MAME 1.2 NAME CR2E034 2850 W. GOLF ROAD STREET ADDRESS 1.3 STREET ADDRESS **ROLLING MEADOWS IL** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition Change TITLE 2.1 TITLE MARGOLIS, LAWRENCE NAME 2.2 NAME 2850 W. GOLF ROAD STREET ADDRESS 2.3 STREET ADDRESS ROLLING MEADOWS IL 60008 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3 1 TITLE DISTEL, DANIEL 3 2 NAME 2850 W. GOLF ROAD STREET ADDRESS 3.3 STREET ADDRESS ROLLING MEADOWS IL 60008 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE EGAN, JOHN NAME 4.2 NAME 2850 W. GOLF ROAD STREET ADORESS 4.3 STREET ADDRESS **ROLLING MEADOWS IL 60008** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELE1É TITLE 5.1 TITLE Change Addition DAMMEYER, ROD NAME 5.2 NAME 4711 GOLF ROAD STREET ADDRESS 5.3 STREET ADDRESS SKOKIE IL 60076 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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:

wil Mitoles

Daniel J. Distel

(847) 439-4444

**FILED** 

May 13 1998 8:00am

Secretary of State