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 # F9700006007 (5)

LATENITE MAGIC, INC.

FILED May 26 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			A SECTION COSTS CO
•	CIMARRON, STE. B-5	1081 SOUTH CIMARR	ION. STE. B-5		
LAS VEGAS I		LAS VEGAS NV 8912			DO MOTHER NET WAS ADDICE
					DO NOT WRITE IN THIS SPACE
					 Date Incorporated or Qualified 11/13/1997
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied F
21	The state of the s	26			36-4046360 36-0406360 Not Appli
Suite, Apt.	#. etc.	Suite, Apt #, etc.			SR 75 Addition
22 4		27			5. Certificate of Status Desired Fee Regulred
City & Stat	de	City & State			6. Election Campaign Financing \$5.00 May B
23		28			1 rust Fund Contribution Added to Fees
Zi p	Country	700	Coun	itry	8. This corporation owes or has paid the current year Intapolible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
C 1	T CORPORATION SYSTEM		8	B1 Na	Name
_	00 SO UTH PINE ISLAND ROAD)	} ,	82 Sti	Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324			OZ SUPELA		Street Address (F.O. DOX Humber is Not Acceptable)
			1	B3	
			-	<u> </u>	Oile
			16	B4 Cii	City FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida St	latutes, the ab-	ove na	named corporation submits this statement for the purpose of changing its regis
office or t	regi ster ed agent, or both, in the Sta am fam iliar with, and accept the obl	de of Norida. Such change w	vas authorized	by the	he corporation's board of directors. I hereby accept the appointment as registe
-3	зи папша ман, постассери ин: оо	туппона от, асслют бол овор	i, rionua otatu	iUS.	
SIGNATURE	Stgnature typed or prodest not a retrogramed a	agent and Has Capponiable	(NOTE: Bogistered	Agent sig	signature required when reinstating) EAT(
12.	_	MD DIRI CTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CAS	☐ DELFTE	1.1 TITL	.E	☐ Change ☑ A
NAME	TULLMAN, GLEN		1.2 NAM	At	Rettis, Al
STREET ADDRESS	1081 SOUTH CIMARRON, S	ite. B-5	1.3 STR	EET ADDR	
CITY-ST-ZIP	LAS VEGAS NV 89128		1.4 CIT)	Y-ST-ZIP	IP CCS VCGGS NV 89/28
TITLE	CT	☐ DELETE	2.1 T(TL	f	Change 🔼 Ai
NAME	COMPTON, ROBERT		2.2 NAN	AE.	Mursh, Voe
STREET ADDRESS	1081 SOUTH CIMARRON, S	TE. B-5			and the second s
CITY-ST-ZIP	1461-646114646		2.3 STR	FET ADDR	DORESS / OBY S. CIME/ OA * PESS
	LAS VEGAS NV 89128			FET ADDR Y-ST-ZIF	21 US Vasus NV 89128
TITLE	DP	DELETE	2. 4 CI1	Y - ST - ZIF	
	DP UNDERHILL, WILLIAM R	DELETE	2. 4 CI1	Y - \$1 - ZIF .E	Cuneo. Nogra
TALE	DP	DELETE	2. 4 CIT 3.1 TIFL 3.2 NAM	Y - \$1 - ZIF .E	Cuneo. Nogra
TITLE NAME	DP UNDERHILL, WILLIAM R	DELETE	2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STRI	Y-ST-ZIF E Me	DAESS 1081 5. CIMATON, SAST ZUP CUS VOCES NV 58128
TITLE NAME STREET ADDRESS	DP Underhill, William R 1081 South Cimarron, S	DELETE	2. 4 C(1 3.1 T(1) 3.2 NAM 3.3 STRI 3.4. C(1)	Y-ST-ZIF E Me Fet addr Y-ST-ZIF	Change Dates 1081 5. Cimaron, S& S-5
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DP UNDERHILL, WILLIAM R 1081 SOUTH CIMARRON, S LAS VEGAS NV 89128 D COPPERFIELD, DAVID	OELETE DELETE	2. 4 C(1 3.1 T(1) 3.2 NAM 3.3 STRI 3.4. C(1)	Y-ST-ZIF E ME FET ADDR Y-ST-ZIF E	CHARGE NOTES NO STATE Change AND CHARGE NOTES OF S. CIMATON, SAST CHARGE NO STATE CHANGE NA CHARGE NA CHANGE NA
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4. 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 early; 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.
