

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000006007 (5)

1. Corporation Name
LATENITE MAGIC, INC.

Principal Place of Business
1081 SOUTH CIMARRON, STE. B-5
LAS VEGAS NV 89128

Mailing Address
1081 SOUTH CIMARRON, STE. B-5
LAS VEGAS NV 89128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-4046360 36-0406360	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CAS	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TULLMAN, GLEN			1.2 NAME	Rattig, Al		
STREET ADDRESS	1081 SOUTH CIMARRON, STE. B-5			1.3 STREET ADDRESS	1081 S. Cimarron Sk B-5		
CITY-ST-ZIP	LAS VEGAS NV 89128			1.4 CITY-ST-ZIP	Las Vegas NV 89128		
TITLE	CT	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COMPTON, ROBERT			2.2 NAME	Marsh, Joe		
STREET ADDRESS	1081 SOUTH CIMARRON, STE. B-5			2.3 STREET ADDRESS	1081 S. Cimarron Sk B-5		
CITY-ST-ZIP	LAS VEGAS NV 89128			2.4 CITY-ST-ZIP	Las Vegas, NV 89128		
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	UNDERHILL, WILLIAM R			3.2 NAME	Euned, Ngaine		
STREET ADDRESS	1081 SOUTH CIMARRON, STE. B-5			3.3 STREET ADDRESS	1081 S. Cimarron, Sk B-5		
CITY-ST-ZIP	LAS VEGAS NV 89128			3.4 CITY-ST-ZIP	Las Vegas NV 89128		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COPPERFIELD, DAVID			4.2 NAME	Ross, James P.		
STREET ADDRESS	1081 SOUTH CIMARRON, STE. B-5			4.3 STREET ADDRESS	1081 S. Cimarron Sk B-5		
CITY-ST-ZIP	LAS VEGAS NV 89128			4.4 CITY-ST-ZIP	Las Vegas, NV 89128		
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILVERBERG, GENE			5.2 NAME			
STREET ADDRESS	1081 SOUTH CIMARRON, STE. B-5			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAS VEGAS NV 89128			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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: _____

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