

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90015 038 ***150.00

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DOCUMENT # **F98000001863**

1. Corporation Name

HASBRO LATIN AMERICA HOLDINGS, INC.

Principal Place of Business

1027 NEWPORT AVENUE
PAWTUCKET RI 02862

Mailing Address

1027 NEWPORT AVENUE
PAWTUCKET RI 02862

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

05-0497536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	HASSENFIELD, ALAN G	
STREET ADDRESS	1027 NEWPORT AVENUE	
CITY-ST-ZIP	PAWTUCKET RI 02862	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	GORDON, HAROLD P	
STREET ADDRESS	1027 NEWPORT AVENUE	
CITY-ST-ZIP	PAWTUCKET RI 02862	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALDOES, PHILLIP H	
STREET ADDRESS	1027 NEWPORT AVENUE	
CITY-ST-ZIP	PAWTUCKET RI 02862	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILSON, E. D	
STREET ADDRESS	1011 NEWPORT AVENUE	
CITY-ST-ZIP	PAWTUCKET RI 02862	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	GORDON, HAROLD P	
STREET ADDRESS	1011 NEWPORT AVENUE	
CITY-ST-ZIP	PAWTUCKET RI 02862	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	KLEIN, SHELDON	
STREET ADDRESS	1027 NEWPORT AVENUE	
CITY-ST-ZIP	PAWTUCKET RI 02862	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99
Date

Daytime Phone #

CR2E034 (1/198)