

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:12

DOCUMENT # P36363

(0)

1. Corporation Name

LATIN AMERICAN CASINOS, INC.

Principal Place of Business

11337 NW 7TH AVE.
MIAMI FL 33168
US

Mailing Address

11337 NW 7TH AVE.
MIAMI FL 33168
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/13/1991

3a. Date of Last Report

07/08/1994

4. FBI Number

65-0159115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

LYONS, LLOYD

11401 NW SEVENTH AVENUE
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name

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

11337 NW 7TH AVENUE

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME LYONS, LLOYD
STREET ADDRESS 11337 NW 7TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME EDELON, GEORGE
STREET ADDRESS 11337 NW 7TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE PD
NAME FELDER, JEFFREY A.
STREET ADDRESS 11337 NW 7 AVE
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME ZEBROVIOUS, DAVID
STREET ADDRESS 11337 N.W. 7TH AVENUE
CITY-ST-ZIP MIAMI FL

TITLE VD
NAME SCHIFFOUR, DONALD
STREET ADDRESS 11337 NW 7 AVE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME CABALLERO, JOSE A
STREET ADDRESS 8383 NW 66TH ST.
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY A. FELDER Pres. 2/14/95 305-756-1000