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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P36363

(0)

1. Corporation Name

LATIN AMERICAN CASINOS, INC.

Principal Place of Business

8909 NW 163RD ST.
SUITE 202
NO. MIAMI BEACH FL 33160
US

Mailing Address

3909 NW 163RD ST.
SUITE 202
NO. MIAMI BEACH FL 33160-4126
US



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

LYONS, LLOYD
3909 NE 163RD ST.
SUITE 202
NO. MIAMI BEACH FL 33160

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/13/1991

3a. Date of Last Report

01/26/1996

4. FEI 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

10. Name and Address of New Registered Agent

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's signature required when consenting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME LYONS, LLOYD
STREET ADDRESS 3909 NE 163RD ST., #202
CITY-ST-ZIP NO. MIAMI BEACH FL

TITLE D ☒ DELETE

NAME EDELSON, GEORGE
STREET ADDRESS 3909 NE 163RD ST., #202
CITY-ST-ZIP NO. MIAMI BEACH FL

TITLE ST ☐ DELETE

NAME LYONS, GERALDINE
STREET ADDRESS 3909 NE 163RD ST., #202
CITY-ST-ZIP NO. MIAMI BEACH FL

TITLE VD ☐ DELETE

NAME SCHIFFOUR, DONALD
STREET ADDRESS 3903 NE 163RD ST., #202
CITY-ST-ZIP NO. MIAMI BEACH FL

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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:

Geraldine Lyons 3/16/97 305-945-9300

CR2E034 (9/96)