

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

FILED
Mar 05 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 # **P36363** (0)
1. Corporation Name
LATIN AMERICAN CASINOS, INC.

Principal Place of Business 3909 NW 163RD ST. SUITE 202 NO. MIAMI BEACH FL 33160 US	Mailing Address 3909 NW 163RD ST. SUITE 202 NO. MIAMI BEACH FL 33160 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3941 NE 163rd Street Suite, Apt. #, etc. 22 City & State 23 No Miami Bch Fl Zip Country 24 33160 25 U.S.		2a. Mailing Address 26 3941 NE 163rd Street Suite, Apt. #, etc. 27 City & State 28 No Miami Bch Fl Zip Country 29 33160 30 U.S.		3. Date Incorporated or Qualified 11/13/1991	4. FEI Number 65-0159115 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	--	---	---	---	--

9. Name and Address of Current Registered Agent LYONS, LLOYD 3909 NE 163RD ST. SUITE 202 NO. MIAMI BEACH FL 33160		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3941 NE 163rd Street 83 84 City No. Miami Beach FL 85 Zip Code 33160	
---	--	--	--

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	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, LLOYD	1.2 NAME	
STREET ADDRESS	3909 NE 163RD ST., #202	1.3 STREET ADDRESS	3941 NE 163rd Street
CITY-ST-ZIP	NO. MIAMI BEACH FL	1.4 CITY-ST-ZIP	No. Miami Beach, Fl. 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	LYONS, GERALDINE	2.2 NAME	
STREET ADDRESS	3909 NE 163RD ST., #202	2.3 STREET ADDRESS	3941 NE 163rd Street
CITY-ST-ZIP	NO. MIAMI BEACH FL	2.4 CITY-ST-ZIP	No. Miami Beach, Fl. 33160
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFFOUR, DONALD	3.2 NAME	
STREET ADDRESS	3903 NE 163RD ST., #202	3.3 STREET ADDRESS	3941 NE 163rd Street
CITY-ST-ZIP	NO. MIAMI BEACH FL	3.4 CITY-ST-ZIP	No. Miami Beach, Fl 33160
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABALLERO, JOSE A	4.2 NAME	
STREET ADDRESS	8383 NW 68TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: 03/26/98

CR2E034 (10/97)