

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

023568

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90162 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36363

1. Corporation Name
LATIN AMERICAN CASINOS, INC.

Principal Place of Business
**3941 NE 163RD ST
NO. MIAMI BEACH FL 33160
US**

Mailing Address
**3941 NE 163RD STREET
NO. MIAMI BEACH FL 33160
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2000 NE 164th STREET	2a. Mailing Address 26 2000 NE 164th STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NO. MIAMI BEACH FLORIDA	City & State 28 NO. MIAMI BEACH FLORIDA
Zip 24 33162	Zip 29 33162
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified 11/13/1991	Applied For Not Applicable
4. FEI Number 65-0159115	
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 the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LYONS, LLOYD
3941 NE 163RD STREET
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) 2000 NE 164th STREET
83
84 City NO. MIAMI BEACH FL 85 Zip Code 33162

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 type if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	PC	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2			
NAME	LYONS, LLOYD			11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3941 NE 163RD ST			12 NAME	2000 NE 164 th STREET		
CITY-ST-ZIP	NO. MIAMI BEACH FL 33160			13 STREET ADDRESS	NO. MIAMI BEACH FLORIDA 33162		
TITLE	ST	<input type="checkbox"/> DELETE		14 CITY-ST-ZIP			
NAME	LYONS, GERALDINE			21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3941 NE 163RD ST			22 NAME	2000 NE 164 th STREET		
CITY-ST-ZIP	NO. MIAMI BEACH FL 33160			23 STREET ADDRESS	NO. MIAMI BEACH FLORIDA 33162		
TITLE	VD	<input type="checkbox"/> DELETE		24 CITY-ST-ZIP			
NAME	SCHIFFOUR, DONALD			31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3941 NE 163RD ST			32 NAME	2000 NE 164 th STREET		
CITY-ST-ZIP	NO. MIAMI BEACH FL 33160			33 STREET ADDRESS	NO. MIAMI BEACH FLORIDA 33162		
TITLE	D	<input type="checkbox"/> DELETE		34 CITY-ST-ZIP			
NAME	CABALLERO, JOSE A			41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	8383 NW 66TH ST.			42 NAME			
CITY-ST-ZIP	MIAMI FL			43 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		44 CITY-ST-ZIP			
NAME				51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				52 NAME			
CITY-ST-ZIP				53 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		54 CITY-ST-ZIP			
NAME				61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				62 NAME			
CITY-ST-ZIP				63 STREET ADDRESS			
				64 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:  **LLOYD LYONS PRES/CEO** 3/15/99 305-445-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)