


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90006 010 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000060695**  
 1. Corporation Name  
**LATOR INTERNATIONAL, INC.**



Principal Place of Business 7777 GLADES ROAD SUITE 211 BOCA RATON FL 33433	Mailing Address 7777 GLADES ROAD SUITE 211 BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10570 Hagen Ranch Rd Suite, Apt. #, etc.	2a. Mailing Address 26 10570 Hagen Ranch Rd Suite, Apt. #, etc.
22 City & State 23 Boynton Bch, FL Zip 24 33437 Country 25 USA	27 City & State 28 Boynton Bch, FL Zip 29 33437 Country 30 USA

3. Date Incorporated or Qualified 07/10/1997	4. FEI Number 65-0846177	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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**RUTSTEIN, LAWRENCE**  
 7777 GLADES ROAD  
 SUITE 211  
 BOCA RATON FL 33433

10. Name and Address of New Registered Agent  
 81 Name Robert Claire, Esq  
 82 Street Address (P.O. Box Number is Not Acceptable) 7280 W Palmetto Park Road  
 83 Suite 4 106  
 84 City Boca Raton FL 85 Zip Code 33433

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]* REGISTERED AGENT DATE: 9/10/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPST	<input checked="" type="checkbox"/> DELETE
NAME RUTSTEIN, LAWRENCE	
STREET ADDRESS 7777 GLADES ROAD, SUITE 211	
CITY-ST-ZIP BOCA RATON FL 33434	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME CRICH DECKINGER	
1.3 STREET ADDRESS 10570 HAGEN RANCH RD	
1.4 CITY-ST-ZIP BOYNTON BCH, FL 33437	
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.

SIGNATURE: *[Signature]* **REQUIRE REQUIRED** 9/10/99 561.732-4116

CR2E034 (5/99)