

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002481 (9)**

1. Corporation Name
LADSTOCK FIRST CORPORATION



Principal Place of Business: **901 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL 33134 US**
Mailing Address: **901 PONCE DE LEON BLVD SUITE 202 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **05/12/1994**
3a. Date of Last Report: **08/03/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **13-3153587**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162**

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKIN, PETER	1.2 NAME
STREET ADDRESS	CHANCEL HOUSE, NEASDEN LANE	1.3 STREET ADDRESS
CITY-ST-ZIP	LONDON NW10 2XE EN	1.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIERMAN, E P	2.2 NAME
STREET ADDRESS	901 PONCE DE LEON BLVD, #202	2.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKIN, PETER	3.2 NAME
STREET ADDRESS	901 PONCE DE LEON BLVD, #202	3.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESLANO, ERLINDA	4.2 NAME Vesleno, Erlinda
STREET ADDRESS	901 PONCE DE LEON BLVD, #202	4.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, MARIE	5.2 NAME
STREET ADDRESS	CHANCEL HOUSE NEASDEN LANE	5.3 STREET ADDRESS
CITY-ST-ZIP	LOND NW 10 2XE ENGLAND	5.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, JAMES	6.2 NAME
STREET ADDRESS	CHANCEL HOUSE NEASDEN LANE	6.3 STREET ADDRESS
CITY-ST-ZIP	LOND NW 10 2XE ENGLAND	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)(k), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Lierman

4/16/96
Date

305-444-3444
Daytime Phone #

CR2E034 (12/95)