

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002481 (9)**  
 1. Corporation Name  
**LADSTOCK FIRST CORPORATION**



Principal Place of Business <b>801 PONCE DE LEON BLVD.                  SUITE 202                  CORAL GABLES FL 33134                  US</b>	Mailing Address <b>801 PONCE DE LEON BLVD.                  SUITE 202                  CORAL GABLES FL 33134-3073                  US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/12/1994</b>	3a. Date of Last Report <b>04/25/1996</b>
21. Suite, Apt. #, etc. <b>7th Floor</b>	26. Suite, Apt. #, etc. <b>7th Floor</b>	4. FEI Number <b>13-3153587</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>UNITED CORPORATE SERVICES                  801 NORTHEAST 167TH STREET                  SUITE 300                  NORTH MIAMI BEACH FL 33162</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPS</b>	NAME <b>ATKIN, PETER</b>	1.1 TITLE	<b>DPS</b>
STREET ADDRESS <b>CHANCEL HOUSE, NEASDEN LANE</b>	CITY-ST-ZIP <b>LONDON NW10 2XE EN</b>	1.2 NAME	<b>Jeremy Michael Noble</b>
		1.3 STREET ADDRESS	<b>Maple Ct. Central Park Reeds Crescent</b>
		1.4 CITY-ST-ZIP	<b>Watford, Herts WD1 1HZ</b>
TITLE <b>V</b>	NAME <b>LIERMAN, E P</b>	2.1 TITLE	<b>Director</b>
STREET ADDRESS <b>901 PONCE DE LEON BLVD, #202</b>	CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	2.2 NAME	<b>Robert Ballingall</b>
		2.3 STREET ADDRESS	<b>Maple Court, Central Park, Reeds Crescent</b>
		2.4 CITY-ST-ZIP	<b>Watford Herts WD1 1HZ</b>
TITLE <b>S</b>	NAME <b>ATKIN, PETER</b>	3.1 TITLE	
STREET ADDRESS <b>901 PONCE DE LEON BLVD, #202</b>	CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <b>AS</b>	NAME <b>VESLENO, ERLINDA</b>	4.1 TITLE	
STREET ADDRESS <b>901 PONCE DE LEON BLVD, #202</b>	CITY-ST-ZIP <b>CORAL GABLES FL</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>STEVENS, MARIE</b>	5.1 TITLE	
STREET ADDRESS <b>CHANCEL HOUSE NEASDEN LANE</b>	CITY-ST-ZIP <b>LOND NW 10 2XE ENGLAND</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>CLARKE, JAMES</b>	6.1 TITLE	
STREET ADDRESS <b>CHANCEL HOUSE NEASDEN LANE</b>	CITY-ST-ZIP <b>LOND NW 10 2XE ENGLAND</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 \_\_\_\_\_ Paul Lierman 4/6/97 305-444-6811

CR2E034 (9/96)