

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

FILED
May 14 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 # F94000002481 (9)
 1. Corporation Name
LADSTOCK FIRST CORPORATION



Principal Place of Business: **801 PONCE DE LEON BLVD. 7TH FLOOR CORAL GABLES FL 33134 US**
 Mailing Address: **801 PONCE DE LEON BLVD. 7TH FLOOR CORAL GABLES FL 33134 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **05/12/1994**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **UNITED CORPORATE SERVICES 801 NORTHEAST 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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 the applicable (NOTE: Registered Agent signature required when reinstating) DATE)

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	ATKIN, PETER	
STREET ADDRESS	NOBLE, JEREMY MICHEAL	
CITY-ST-ZIP	WATFORD HE	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIERMAN, E P	
STREET ADDRESS	901 PONCE DE LEON BLVD, #202	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALLINGALL, ROBERT	
STREET ADDRESS	MAPLE COURT CENTRAL PARK REEDS CRESCENT	
CITY-ST-ZIP	WATFORD HE	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VESLENO, ERLINDA	
STREET ADDRESS	901 PONCE DE LEON BLVD, #202	
CITY-ST-ZIP	CORAL GABLES FL	
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	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Jeremy Noble	
1.3 STREET ADDRESS	Maple Ct Central Park Reeds Crescent	
1.4 CITY-ST-ZIP	Watford, Herts WD1 1HZ	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	STE 700	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	STE 700	
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 an attachment with an address.

SIGNATURE: *Paul Lierman* 4/13/98 305-444-6811

CR2E034 (10/97)