

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUN 27 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000005651 (4)

1. Corporation Name

LA PALOMA HOLDINGS, INC.

Principal Place of Business

4098 OEST, RUE STE-CATHERINE
DEUXIEME ETAGE
MONTREAL, QUEBEC H3Z1P2

Mailing Address

4098 OEST, RUE STE-CATHERINE
DEUXIEME ETAGE
MONTREAL, QUEBEC H3Z1P2

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 9200 MILITARY TRAIL

27 Suite, Apt. #, etc.

23 City & State

28 BOYNTON BEACH FLA.

29 Zip

33436

30 Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

HARRIS, OLIVER ESQUIRE
10 CENTRAL PARKWAY
SUITE 240
STUART FL 34994

10. Name and Address of New Registered Agent

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 of officer or director of corporation (print and title)

(Print) Signature of registered agent (print and title)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	SAVARD, MARCEL
STREET ADDRESS	20 CHENIN DES PATRIOTES HOUSE 270
CITY, ST, ZIP	SUR RIENELIEU QUEBEC J3L5Z9
TITLE	VCS
NAME	DEMERS, REJEAN
STREET ADDRESS	275 PLACE DU MANOIR APT. 26
CITY, ST, ZIP	MT ST HILAIRE QUEBEC J3H5C7
TITLE	VD
NAME	LAFORCE, MARC
STREET ADDRESS	9200 MILITARY HIGHWAY
CITY, ST, ZIP	BOYNTON BEACH FL 33436
TITLE	TD
NAME	GASCON, GUY
STREET ADDRESS	9200 MILITARY HIGHWAY
CITY, ST, ZIP	BOYNTON BEACH FL 33436
TITLE	D
NAME	BEAUDOIN, MAURICE
STREET ADDRESS	9200 MILITARY HIGHWAY
CITY, ST, ZIP	BOYNTON BEACH FL 33436
TITLE	D
NAME	FLEURY, CLEMENT
STREET ADDRESS	9200 MILITARY HIGHWAY
CITY, ST, ZIP	BOYNTON BEACH FL 33436

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDCM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	DEMERS REJEAN		
1.3 STREET ADDRESS	275 PLACE DU MANOIR APT 26		
1.4 CITY, ST, ZIP	MT. ST. HILAIRE QUE CAN J3H5C7		
2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	ELOISE F. BLANCHETTE		
2.3 STREET ADDRESS	3439 CH. HEMMING		
2.4 CITY, ST, ZIP	DRUMMONDVILLE QUE. CAN. J2B7T5		
3.1 TITLE	VSD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	ROGER DELWAIDE		
3.3 STREET ADDRESS	10 BERNIERES APT 1004		
3.4 CITY, ST, ZIP	QUEBEC QUE. CAN. G1R5B2		
4.1 TITLE	TDM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	JEAN-GUY GASCON		
4.3 STREET ADDRESS	46 DES PLAINES		
4.4 CITY, ST, ZIP	COTEAU - LANDING QUE. CAN. JOP1C0		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	BEAUDOIN J. MAURICE		
5.3 STREET ADDRESS	194 CHEMIN DE LA STATION		
5.4 CITY, ST, ZIP	ST. GERMAIN QUE. CAN. JOC1K0		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	FLEURY CLEMENT		
6.3 STREET ADDRESS	1460 DU QUAI		
6.4 CITY, ST, ZIP	DELISLE QUE. CAN. GOW1L0		

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)(b), 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 and typed or printed name of signing officer or director

JEAN-GUY GASCON

JUNE 15, 1995

407-752-1306

(Date)

(Telephone #)

CR2E034 (3/95)