

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

4-17-96 B-3782-C

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: **9200 MILITARY TRAIL BOYNTON BEACH FL 33436**

3. Date Incorporated or Qualified: **10/31/1994**
3a. Date of Last Period: **06/27/1995**

2. Principal Place of Business: **5835 BOUL. LEGER**
21. Suite, Apt. #, etc.: **207**
22. City & State: **MONTREAL-NORD, QUE.**
23. Zip: **H1G 6E1** Country: **CANADA**
24. Mailing Address: **9200 MILITARY TRAIL**
25. Suite, Apt. #, etc.: **BOYNTON BEACH FL 33436**
26. City & State: **BOYNTON BEACH, FL**
27. Zip: **33436** Country: **FL**
28. 29. 30.

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCM	1.1 TITLE	P.D
NAME	REJEAN, DEMERS	1.2 NAME	FRANK ROY
STREET ADDRESS	275 PLACE DU MANOIR APT 26	1.3 STREET ADDRESS	45 CUMBERLAND LANE, #712
CITY-ST-ZIP	MT. ST. HILAIRE, QUE., CAN.	1.4 CITY-ST-ZIP	ASA+, ONT. CANADA
TITLE	VD	2.1 TITLE	V.
NAME	BLANCHETTE, ELOISE F	2.2 NAME	
STREET ADDRESS	3439 CH. HEMMING	2.3 STREET ADDRESS	
CITY-ST-ZIP	DRUMMONDVILLE, QUE., CAN.	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	
NAME	DELWAIDE, ROGER	3.2 NAME	
STREET ADDRESS	10 BERNIERES APT 1004	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC, QUE., CAN.	3.4 CITY-ST-ZIP	
TITLE	TDM	4.1 TITLE	TD
NAME	GASCON, JEAN-GUY	4.2 NAME	GILLES ROY
STREET ADDRESS	46 DES PLAINES	4.3 STREET ADDRESS	25 HELENE BOULV
CITY-ST-ZIP	COTEAU-LANDING, QUE., CAN.	4.4 CITY-ST-ZIP	AYLMER, P.Q. CAN.
TITLE	D	5.1 TITLE	
NAME	MAURICE, BEAUDOIN J	5.2 NAME	
STREET ADDRESS	194 CHEMIN DE LA STATION	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. GERMAIN, QUE., CAN.	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CLEMENT, FLEURY	6.2 NAME	
STREET ADDRESS	1460 DU QUAI	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELISLE, QUE., CAN.	6.4 CITY-ST-ZIP	

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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: Frank Roy **FRANK ROY** MARCH 26/96 **(407) 732-1306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)