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Jun 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000005651 (4)  
1. Corporation Name  
LA PALOMA HOLDINGS, INC.



Principal Place of Business: 5935 BOULLEGER SUITE 307 MONTREAL-NORD QU H06E US  
Mailing Address: 9200 MILITARY TRAIL BOYNTON BEACH FL 33436-7038

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/31/1994	04/17/1996
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Zip	28	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent  
HARRIS, OLIVER ESQUIRE  
10 CENTRAL PARKWAY  
SUITE 240  
STUART FL 34904

10. Name and Address of New Registered Agent

81	Name	FINEZ JACQUES	
82	Street Address (P.O. Box Number is Not Acceptable)	9200 MILITARY TRAIL, Lot #175	
83	City	BOYNTON BEACH	FL
84	Zip Code	33436	

11. Pursuant to the provisions of Sections 607.0502 and 607.1509 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 607.0509 Florida Statutes.

SIGNATURE: *Jacques Finez* (FINEZ, JACQUES) TREASURER 05/20/97

12. OFFICERS AND DIRECTORS

TITLE	FRANK ROY	<input type="checkbox"/> DELETE
NAME	45 CUMBERLAND LANE, #712	
STREET ADDRESS	AJAX ON	
CITY-ST-ZIP		
TITLE	BLANCHETTE, ELOISE F	<input type="checkbox"/> DELETE
NAME	3439 CH. HEMMING	
STREET ADDRESS	DRUMMONDVILLE, QUE., CAN.	
CITY-ST-ZIP		
TITLE	DELWAIDE, ROGER	<input checked="" type="checkbox"/> DELETE
NAME	10 BERNIERES APT 1004	
STREET ADDRESS	QUEBEC, QUE., CAN.	
CITY-ST-ZIP		
TITLE	ROY GILLES	<input checked="" type="checkbox"/> DELETE
NAME	25 HELENE BOULAY	
STREET ADDRESS	AYLMER P	
CITY-ST-ZIP		
TITLE	MAURICE, BEAUDOIN J	<input type="checkbox"/> DELETE
NAME	194 CHEMIN DE LA STATION	
STREET ADDRESS	ST. GERMAIN, QUE., CAN.	
CITY-ST-ZIP		
TITLE	CLEMENT, FLEURY	<input type="checkbox"/> DELETE
NAME	1400 DU QUAI	
STREET ADDRESS	DELSLE, QUE., CAN.	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CLAUDE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	JACQUES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TAILLEFER, CLAUDE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	209, DE LA CHAUDIERE	
3.3 STREET ADDRESS	ST-NICOLAS, (QUE) CANADA	
3.4 CITY-ST-ZIP		
4.1 TITLE	JACQUES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	316, CH. BOMBARDIER	
4.4 CITY-ST-ZIP	LAC BROMPTON, (QUE) CANADA	
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 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: FINEZ, JACQUES

CR2E034 (9/96)