

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005651 (4)
 1. Corporation Name
LA PALOMA HOLDINGS, INC.



Principal Place of Business 5935 BOULLEGER SUITE 207 MONTREAL-NORD QU H106E US	Mailing Address 9200 MILITARY TRAIL BOYNTON BEACH FL 33436
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/31/1994	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FINET, JAQUES
 9200 MILITARY TRAIL,
 LOT 175
 BOYNTON BEACH FL 33436**

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK ROY	1.2 NAME	MAURICE MONETTE
STREET ADDRESS	45 CUMBERLAND LANE, #712	1.3 STREET ADDRESS	212 NOTRE-DAME #304
CITY-ST-ZIP	AJAX ON	1.4 CITY-ST-ZIP	REPENTIGNY, QUE, CAN. J6A-8G6
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANCHETTE, ELOISE F	2.2 NAME	JEAN LAFONCE
STREET ADDRESS	3439 CH. HEMMING	2.3 STREET ADDRESS	19 MEMPHISMASSOG VIEW
CITY-ST-ZIP	DRUMMONDVILLE, QUE., CAN.	2.4 CITY-ST-ZIP	NEWPORT, VE, 05855
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAILLEFER, CLAUDE	3.2 NAME	
STREET ADDRESS	209 DE LA CHAUDIERE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST NICOLAS QU	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINET, JACQUELS	4.2 NAME	
STREET ADDRESS	316 CH BOMBARDIER	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAC BROMPTON QU	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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 on an attachment with an address.

SIGNATURE: _____ DATE: **04-08-98**

CR2E034 (10/97)