

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90120 007 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000005651**

1. Corporation Name  
**LA PALOMA HOLDINGS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**5935 BOULLEGER  
 SUITE 207  
 MONTREAL-NORD QU HIG6E  
 US**

Mailing Address  
**9200 MILITARY TRAIL  
 BOYNTON BEACH FL 33436**

3. Date Incorporated or Qualified  
**10/31/1994**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**FINET, JACQUES  
 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: *Jacques Finet* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>FRANK ROY</b>	
STREET ADDRESS	<b>45 CUMBERLAND LANE, #712</b>	
CITY-ST-ZIP	<b>AJAX ON</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/>
NAME	<b>BLANCHETTE, ELOISE F</b>	
STREET ADDRESS	<b>3439 CH. HEMMING</b>	
CITY-ST-ZIP	<b>DRUMMONDVILLE, QUE., CAN.</b>	
TITLE	<b>V</b>	<input type="checkbox"/>
NAME	<b>TAILLEFER, CLAUDE</b>	
STREET ADDRESS	<b>209 DE LA CHAUDIERE</b>	
CITY-ST-ZIP	<b>ST NICOLAS QU</b>	
TITLE	<b>T</b>	<input type="checkbox"/>
NAME	<b>FINET, JACQUELS</b>	
STREET ADDRESS	<b>316 CH BOMBARDIER</b>	
CITY-ST-ZIP	<b>LAC BROMPTON QU</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MAURICE, BEAUDOIN J</b>	
STREET ADDRESS	<b>194 CHEMIN DE LA STATION</b>	
CITY-ST-ZIP	<b>ST. GERMAIN, QUE., CAN.</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>MONETTE, MAURICE</b>	
STREET ADDRESS	<b>212 NOTRE DAME, #304</b>	
CITY-ST-ZIP	<b>REPENTIONY QU J6A 8</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>FINET, JACQUES</b>		
1.3 STREET ADDRESS	<b>316 CH. BOMBARDIER</b>		
1.4 CITY-ST-ZIP	<b>LAC BROMPTON QUE., CAN</b>		
2.1 TITLE	<b>T</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>BERNATCHEZ, JEAN-YVES</b>		
2.3 STREET ADDRESS	<b>921 DES EPILOUES</b>		
2.4 CITY-ST-ZIP	<b>BAIE COMEAU, QUE., CAN</b>		
3.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>MARTEL, PAUL</b>		
3.3 STREET ADDRESS	<b>5047 3EE BRINE CIRCLE</b>		
3.4 CITY-ST-ZIP	<b>MISSISSAUGA, ONT., CANADA</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 on an attachment with an address, with a power of attorney.

SIGNATURE: *Jacques Finet* (**JACQUES FINET**) 04/19/99 (561) 732-1306  
 SIGNATURE, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)