


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

**FILED**  
**Jun 04 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Montbany</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000005652 (2)**  
 1. Corporation Name  
**LA PALOMA INVESTORS (SOUTH) INC.**



Principal Place of Business <b>5635 BOULLEGER #207          MONTREAL-NORD, QUEBEC H1G 6E1          CANADA</b>	Mailing Address <b>9200 MILITARY TRAIL          BOYNTON BEACH FL 33436-7038</b>
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3. Date Incorporated or Qualified <b>10/31/1994</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**HARRIS, OLIVER ESQUIRE  
 10 CENTRAL PARKWAY, SUITE 420  
 STUART FL 34994**

10. Name and Address of New Registered Agent

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

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 607.0506, Florida Statutes.

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

Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when existing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROY, FRANK	
STREET ADDRESS	45 CUMBERLAND LN. #712, AJAX, ONTARIO	
CITY-ST-ZIP	CANADA L1F 7K3	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	BLANCHETTE, ELOISE F	
STREET ADDRESS	3430 CH. HEMMING, DRUMMONDVILLE, QUEBEC	
CITY-ST-ZIP	CANADA J2B 7T5	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEURY, CLEMENT	
STREET ADDRESS	1480 DU RUAJ, DELISLE, QUEBEC	
CITY-ST-ZIP	CANADA GOW 1L0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEAUDOIN, MAURICE	
STREET ADDRESS	194 CHEMIN DE LA STATION, ST. GARMAIN, QUE	
CITY-ST-ZIP	CANADA J0C 1K0	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GILLES, ROY	
STREET ADDRESS	25 HELENE BOURAY, AYLMEY, QUEBEC	
CITY-ST-ZIP	CANADA J0J 1A1	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DELWAIDE, ROGER	
STREET ADDRESS	10 DE BERNIERES, #1004, QUEBEC	
CITY-ST-ZIP	CANADA G1R 5B2	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	F	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FINEZ, J.	
5.3 STREET ADDRESS	316 CH. BOMBARDIER	
5.4 CITY-ST-ZIP	LAC BROMPTON (QUE) CANADA	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TAILLEFER, CLAUDE	
6.3 STREET ADDRESS	209, CH DE LA CHAUDIERE	
6.4 CITY-ST-ZIP	ST-NICOLAS (QUE) CANADA	

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: *Jacques Finez* 01/12/97 (511) 732-1306

CR2E034 (9/96)