

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</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>5835 BOULLEGER #207 MONTREAL-WORD. QUEBEC H1G 6E1 CANADA</b>	Mailing Address <b>9200 MILITARY TRAIL BOYNTON BEACH FL 33436</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified <b>10/31/1994</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FINET, JACQUETS  
 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	85. Zip Code

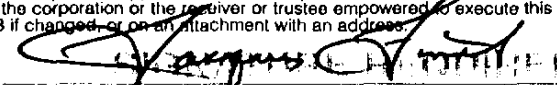
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>ROY, FRANK</b>
STREET ADDRESS	<b>45 CUMBERLAND LN. #712, AJAX, ONTARIO</b>
CITY-ST-ZIP	<b>CANADA L1F 7K3</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>BLANCHETTE, ELOISE F</b>
STREET ADDRESS	<b>3439 CH. HEMMING, DRUMMONDVILLE, QUEBEC</b>
CITY-ST-ZIP	<b>CANADA J2B 7T5</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>FLEURY, CLEMENT</b>
STREET ADDRESS	<b>1460 DU RUAL, DELISLE, QUEBEC</b>
CITY-ST-ZIP	<b>CANADA G0W 1L0</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>BEAUDOIN, MAURICE</b>
STREET ADDRESS	<b>104 CHEMIN DE LA STATION, ST. GARMAN, QUE</b>
CITY-ST-ZIP	<b>CANADA J0C 1K0</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>FINET, JACQUES</b>
STREET ADDRESS	<b>316 CH. BOMBARDIER</b>
CITY-ST-ZIP	<b>LAC BROMPTON QU</b>
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>TAILEFER, CLAUDE</b>
STREET ADDRESS	<b>209 CH DE LA CHAUDIERE</b>
CITY-ST-ZIP	<b>ST NICOLAS OO</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MAURICE MONETTE</b>
1.3 STREET ADDRESS	<b>212 NOTRE-DAME #304</b>
1.4 CITY-ST-ZIP	<b>REPENTIGNY, QUE, CAN. J6A-8G6</b>
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JEAN LAFORCE</b>
2.3 STREET ADDRESS	<b>19 MEMPHREMGOG VIEU</b>
2.4 CITY-ST-ZIP	<b>NEWPORT, VE, 05855</b>
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	<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 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:  **04-08-98**

CR2E034 (10/97)