

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P40261** (0)

1. Corporation Name
LADBROKE HOTELS U.S.A. CORPORATION



Principal Place of Business: **901 PONCE DE LEON BLVD SUITE 202 CORAL GABLES FL 33134 US**
Mailing Address: **901 PONCE DE LEON BLVD SUITE 202 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **08/28/1992**
3a. Date of Last Report: **02/16/1995**
4. FEI Number: **13-3435886**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH ST., SUITE 300
NORTH MIAMI BEACH FL 33162**

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: **FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE Pres. CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMMASO, ZANSOTTO	1.2 NAME David Jarvis
STREET ADDRESS	2/3 RHODES WAY	1.3 STREET ADDRESS Maple Ct. Central Park, Reeds Crescent
CITY-ST-ZIP	WATFORD HE	1.4 CITY-ST-ZIP Watford, Herts WD1 1HZ England
TITLE	DVPT <input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice Pres. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORNISH, ALAN	2.2 NAME David Wilson
STREET ADDRESS	2/3 RHODES WAY	2.3 STREET ADDRESS Maple Ct., Central Park, Reeds Crescent
CITY-ST-ZIP	WATFORD HE	2.4 CITY-ST-ZIP Watford, Herts WD1 1HZ England
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOEL, J. C.	3.2 NAME Robert Decker
STREET ADDRESS	ONE WALL STREET COURT, 10TH FLOOR	3.3 STREET ADDRESS One Wall Street Ct. 10th Fl.
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP New York, NY 10005
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARSON, MIKE	4.2 NAME
STREET ADDRESS	2/3 RHODES WAY	4.3 STREET ADDRESS Maple Ct. Central Park, Reeds Crescent
CITY-ST-ZIP	WATFORD HE	4.4 CITY-ST-ZIP Watford, Herts WD1 1HZ England
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIERMAN, PAUL	5.2 NAME
STREET ADDRESS	901 PONCE DE LEON BLVD., SUITE 202	5.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTER, GEOFFREY	6.2 NAME
STREET ADDRESS	2/3 RHODES WAY	6.3 STREET ADDRESS Maple Ct. Central Park, Reeds Crescent
CITY-ST-ZIP	WATFORD HE	6.4 CITY-ST-ZIP Watford, Herts WD1 1HZ England

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: Paul Lierman **Paul Lierman** 4/16/96 305-444-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)