

FILE NOW: FILING FEE AFTER MAY 1 IS \$650.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 MAY -1 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 671852
1. Corporation Name

LOTINA, INC.

Principal Place of Business: 237 Lookout Place, Suite 100, Maitland, FL 32751
Mailing Address: P.O. Box 1656, Maitland, FL 32794-1656

3. Date Incorporated or Qualified: 06/02/1980
6a. Date of Last Report: 02/23/1996
4. FEI Number: 59-2006586
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 has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: 1a. Mailing Address
1b. Suite, Apt. #, etc.: 2a. Suite, Apt. #, etc.
1c. City & State: 2b. City & State
1d. Zip: 2c. Zip
1e. Country: 2d. Country

9. Name and Address of Current Registered Agent
Icardi, Aldo
237 Lookout Place, Suite 100
Maitland, FL 32751

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. FL
86. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0508, Florida Statutes.

SIGNATURE: Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: Jaques, Olivier
STREET ADDRESS: Domus, Postfach 197
CITY-ST-ZIP: 8035 Zurich, Switzerland
[] DELETE

TITLE: [] DELETE
NAME: [] DELETE
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CITY-ST-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [] Change [] Addition
1.2 NAME: 1 00002 167351-1
1.3 STREET ADDRESS: -05/06/97--01065--013
1.4 CITY-ST-ZIP: ***165.00 ****165.00
2.1 TITLE: S
2.2 NAME: Icardi, Aldo
2.3 STREET ADDRESS: 237 Lookout Place, Suite 100
2.4 CITY-ST-ZIP: Maitland, FL 32751
[] Change [] Addition

3.1 TITLE: [] Change [] Addition
3.2 NAME: [] Change [] Addition
3.3 STREET ADDRESS: [] Change [] Addition
3.4 CITY-ST-ZIP: [] Change [] Addition

4.1 TITLE: [] Change [] Addition
4.2 NAME: [] Change [] Addition
4.3 STREET ADDRESS: [] Change [] Addition
4.4 CITY-ST-ZIP: [] Change [] Addition

5.1 TITLE: [] Change [] Addition
5.2 NAME: [] Change [] Addition
5.3 STREET ADDRESS: [] Change [] Addition
5.4 CITY-ST-ZIP: [] Change [] Addition

6.1 TITLE: [] Change [] Addition
6.2 NAME: [] Change [] Addition
6.3 STREET ADDRESS: [] Change [] Addition
6.4 CITY-ST-ZIP: [] Change [] Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(b), 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 authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (changes), or on an attachment with an address.

SIGNATURE: Aldo Icardi 4/29/97 (407) 647-1859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date Filed)

CR2034 (9/95)