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Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90088 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F94000002480

1. Corporation Name

LADSTOCK HOLDING CORPORATION

Principal Place of Business

901 PONCE DE LEON BLVD  
7TH FLOOR  
CORAL GABLES FL 33134  
US

Mailing Address

901 PONCE DE LEON BLVD  
7TH FLOOR  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1994

4. FEI Number

13-3111964

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC  
801 NORTHEAST 167TH ST  
STE 300  
N 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME NOBLE, JEREMY MICHAEL  
STREET ADDRESS MAPLE CT CENTRAL PARK REEDS CRESCENT  
CITY-ST-ZIP WATFORD HE

TITLE D ☐ DELETE  
NAME FRIEDMAN, HOWARD  
STREET ADDRESS 901 PONCE DE LEON BLVD 7TH FLOOR  
CITY-ST-ZIP CORAL GABLES FL

TITLE VD ☐ DELETE  
NAME LIERMAN, PAUL  
STREET ADDRESS 901 PONCE DE LEON BLVD 7TH FLOOR  
CITY-ST-ZIP CORAL GABLES FL

TITLE AT ☐ DELETE  
NAME VESLENO, ERLINDA  
STREET ADDRESS 901 PONCE DE LEON BLVD 7TH FLOOR  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Paul Lierman

4/9/99

305-444-3444  
Daytime Phone #