

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F94000002482 (7)**

1. Corporation Name  
**LADSTOCK SECOND CORPORATION**



Principal Place of Business  
**901 PONCE DE LEON BLVD STE 202 CORAL GABLES FL 33134 US**

Mailing Address  
**901 PONCE DE LEON BLVD STE 202 CORAL GABLES S 33134-3073 US**

3. Date Incorporated or Qualified **05/12/1994** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business  
 21 Suite, Apt. #, etc. **7th Floor**  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. **7th Floor**  
 27 City & State  
 28 Zip Country  
 29 30

4. FEI Number **13-3153590** 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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**UNITED CORPORATE SERVICES INC  
 801 NE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	ATKIN, PETER	
STREET ADDRESS	CHANCEL HOUSE NEASDEN LANE	
CITY-ST-ZIP	LONDON 2X	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIERMAN, E P	
STREET ADDRESS	901 PONCE DE LEON BLVD., #202	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALLINGAL, ROBERT	
STREET ADDRESS	CHANCEL HOUSE NEASDEN LANE	
CITY-ST-ZIP	LONDON NW102XE UK	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELKIES, ALEX	
STREET ADDRESS	CHANCEL HOUSE NEASDEN LANE	
CITY-ST-ZIP	LONDON NW10 2XE UK	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	VESENO, ERLINDA	
STREET ADDRESS	901 PONCE DE LEON BLVD., #202	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, MARIE	
STREET ADDRESS	CHANCEL HOUSE, NEASDEN LANE	
CITY-ST-ZIP	LONDON NW 10 2X ENGLAND	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jeremy Michael Noble	
1.3 STREET ADDRESS	Maple Ct., Central Park, Reeds Crescent	
1.4 CITY-ST-ZIP	Watford, Herts WD1 1HZ	
2.1 TITLE		<input 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		<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 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, or on an attachment with an address

SIGNATURE \_\_\_\_\_ **Paul Lierman** 4/9/97 305-444-6811

CR2E034 (9/96)