

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005829 (5)

1. Corporation Name

LALIQUE INVESTMENTS LTD. INC.

Principal Place of Business

808 NE 20TH AVE.
FT. LAUDERDALE FL 33304

Mailing Address

808 NE 20TH AVE.
FT. LAUDERDALE FL 33304



2. Principal Place of Business	2a. Mailing Address
21 526 N.E. 17th Avenue	26 526 N.E. 17th Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Fort Lauderdale, FL	28 City & State Fort Lauderdale, FL
24 Zip 33301	29 Zip 33301
25 Country Broward	30 Country Broward

3. Date Incorporated or Qualified 11/30/1995	3a. Date of Last Report
4. FEI Number 65-0629415 X APPLIED FOR X	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MILLER, TIM D
808 NE 20TH AVE.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name Tim D. Miller
82 Street Address (P.O. Box Number is Not Acceptable) 526 N.E. 17th Avenue
83
84 City Fort Lauderdale
85 Zip Code 33301

11. Pursuant to the provisions of Sections 607.01 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 responsibility of, the provisions of 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required under Section 607.01)

Signature of Registered Agent (Required under Section 607.01)

04/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	P
NAME	CAMPBELL DIRECTORS LIMITED	1.2 NAME	Len Stuart
STREET ADDRESS	PO BOX 268	1.3 STREET ADDRESS	Paradise Island Drive
CITY-STATE-ZIP	GEORGE TOWN GRAND CAYMAN	1.4 CITY-STATE-ZIP	Paradise Island, Nassau, Bahamas
TITLE	P	2.1 TITLE	VP/D
NAME	MILLER, TIM D	2.2 NAME	Frank Fish
STREET ADDRESS	808 NE 20TH AVE.	2.3 STREET ADDRESS	110 Lombard Street
CITY-STATE-ZIP	FT. LAUDERDALE FL 33304	2.4 CITY-STATE-ZIP	Toronto, Ontario M5C 1M3 Canada
TITLE		3.1 TITLE	S/T/D
NAME		3.2 NAME	Tim D. Miller
STREET ADDRESS		3.3 STREET ADDRESS	654 North Rio Vista Blvd.
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	Fort Lauderdale, FL 33301
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Len Stuart & Associates, Inc.
STREET ADDRESS		4.3 STREET ADDRESS	526 N.E. 17th Avenue
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Fort Lauderdale, FL 33301
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	000001800150
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	-04/29/96--01136--004
TITLE		6.1 TITLE	
NAME		6.2 NAME	***200.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 its predecessor 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, when an attachment with an address.

SIGNATURE:

Tim D. Miller

04/24/96

(954) 467-2467

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Ink Phone #

CR2E034 (12/95)