

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 1 1995

DOCUMENT # **M18492** (2)

1. Corporation Name

**LUDLAM POINT, INC.**

Principal Place of Business

Mailing Address

% JOSE M. SURIOL  
10560 NW 27TH ST.  
MIAMI FL 33172

% JOSE M. SURIOL  
10560 NW 27TH ST.  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/25/1985

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 ZIP Country

28 ZIP Country

24

25

29

30

4. FEI Number

59-2598806

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 § 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SURIOL, JOSE M.  
10560 NW 27TH ST.  
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 of a product officer of registered agent and third party

Name Registered Agent Signature (insert after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SURIOL, JOSE M.  
STREET ADDRESS 10560 NW 27TH ST.  
CITY ST ZIP MIAMI FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

TITLE T  
NAME DALAL, ROGER  
STREET ADDRESS 10560 NW 27 ST., #101  
CITY ST ZIP MIAMI FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

TITLE S  
NAME FINK, SUSAN G.  
STREET ADDRESS 10560 NW 27 ST., #101  
CITY ST ZIP MIAMI FL

31 TITLE S  
32 NAME Lyn Wittmer  
33 STREET ADDRESS 10560 NW 27th Street, Suite 101  
34 CITY ST ZIP Miami, Fl. 33172

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST 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 110.07(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, unchanged, or on an attachment with an address.

SIGNATURE:

Jose M. Suriol

5/23/95

(305) 599-0374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(District Phone #)