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CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra D. Monham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M41307 (3)**
1. Corporation Name
LUCAYAN BEACH CASINO HOTEL LIMITED, INCORPORATED

Principal Place of Business	Mailing Address
5225 NW 87TH AVE 1 S.E. 3RD AVE., 2400 AMERIFIRST BLDG. MIAMI FL 33178 US	LARKIN PAUL 1 SE 3RD AVE 2400 AMERIFIRST BLDG MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/07/1986	3a. Date of Last Report 04/28/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 5225 NW 87TH AVE	26 5225 NW 87TH AVE	59-2793885	<input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 MIAMI FL	28 MIAMI FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33178 25 U.S.	29 33178 30 U.S.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LARKIN, PAUL R., JR. BLACKWELL & WALKER, P.A. 1 S.E. 3RD AVE 2400 AMERIFIRST BLDG. MIAMI FL 33131	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 the 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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when the state is) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTONE, GEOFFREY	12 NAME	VANDERPOOL-WALLACE, VINCENT
STREET ADDRESS	WEST BAY STREET	13 STREET ADDRESS	EURO-CANADIAN CENTRE
CITY ST ZIP	NASSAU BA	14 CITY ST ZIP	NASSAU, BAHAMAS
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, SANDRA	22 NAME	
STREET ADDRESS	WEST BAY STREET	23 STREET ADDRESS	
CITY ST ZIP	NASSAU BA	24 CITY ST ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CAROLYN	32 NAME	
STREET ADDRESS	WEST BAY STREET	33 STREET ADDRESS	
CITY ST ZIP	NASSAU BA	34 CITY ST ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOUS, JAMES	42 NAME	
STREET ADDRESS	WEST BAY STREET	43 STREET ADDRESS	STREET ADDRESS CHANGED FOR ALL DIRECTORS & OFFICERS TO:
CITY ST ZIP	NASSAU BA	44 CITY ST ZIP	EURO-CANADIAN CENTRE
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIE, MARQUETTA	52 NAME	
STREET ADDRESS	WEST BAY STREET	53 STREET ADDRESS	NASSAU, BAHAMAS.
CITY ST ZIP	NASSAU BA	54 CITY ST ZIP	
TITLE	DT	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHATNAGER, DEEPAK	62 NAME	
STREET ADDRESS	WEST BAY STREET	63 STREET ADDRESS	
CITY ST ZIP	NASSAU BA	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 the 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.

SIGNATURE: _____ 13th April, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carolyn Johnson/Director