

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M41307 (3)**

1. Corporation Name
LUCAYAN BEACH CASINO HOTEL LIMITED, INCORPORATED



Principal Place of Business Mailing Address
5225 NW 87TH AVENUE MIAMI FL 33178 US **5225 NW 87TH AVENUE MIAMI FL 33178 US**

21	2. Principal Place of Business	2a.	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30		30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	11/07/1986		05/01/1995
4.	FEI Number	Applied For	
	59-2793885	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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**LARKIN, PAUL R., JR.
BLACKWELL & WALKER, P.A.
1 S.E. 3RD AVE - 2400 AMERFIRST BLDG.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81	Name	LARKIN, PAUL R., JR.
82	Street Address (P.O. Box Number is Not Acceptable)	EIGHTH FL, 633 SOUTH FEDERAL HIGHWAY,
83	City	PO BOX 14723
84	City	FORT LAUDERDALE FL
85	Zip Code	33308

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: **PAUL R. LARKIN, JR.** DATE: **4/24/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VANDERPOOL-WALLACE, VINCENT	
STREET ADDRESS	EURO-CANADIAN CENTRE	
CITY-ST-ZIP	NASSAU BA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNOWLES, SANDRA	
STREET ADDRESS	EURO-CANADIAN CENTRE	
CITY-ST-ZIP	NASSAU BA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, CAROLYN	
STREET ADDRESS	EURO-CANADIAN CENTRE	
CITY-ST-ZIP	NASSAU BA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALACIOUS, JAMES	
STREET ADDRESS	EURO-CANADIAN CENTER	
CITY-ST-ZIP	NASSAU BA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLLIE, MARQUETTA	
STREET ADDRESS	EURO-CANADIAN CENTRE	
CITY-ST-ZIP	NASSAU BA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BHATNAGER, DEEPAK	
STREET ADDRESS	EURO-CANADIAN CENTRE	
CITY-ST-ZIP	NASSAU BA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	SENATOR BRENT SYMONETTE	
1.3	STREET ADDRESS	EURO CANADIAN CENTRE	
1.4	CITY-ST-ZIP	MARLBOROUGH STR. NASSAU, BAHAMAS	
2.1	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME	600001800816	
2.3	STREET ADDRESS	-04/30/96--01026--039	
2.4	CITY-ST-ZIP	***200.00	
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	STREET ADDRESS REMAIN FOR ALL DIRECTORS & OFFICERS AS:	
4.3	STREET ADDRESS	EURO CANADIAN CENTRE	
4.4	CITY-ST-ZIP	MARLBOROUGH STREET	
5.1	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	NAME	NASSAU, BAHAMAS	
5.3	STREET ADDRESS		
5.4	CITY-ST-ZIP		
6.1	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	4.29.96	
6.3	STREET ADDRESS	DR	
6.4	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 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 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.

SIGNATURE: **[Signature]** April 18, 1996 (305) 591-1617

CR2E034 (12/95)