

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

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

3. Date Incorporated or Qualified 11/07/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2793885	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

LARKIN, PAUL, R, JR
EIGHT FL, 633 SO. FEDERAL HIGHWAY
P.O. BOX 14723
FT LAUDERDALE, FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	D <input type="checkbox"/> DELETE
NAME	VANDERPOOL-WALLACE, VINCENT
STREET ADDRESS	EURO CANADIAN CENTRE
CITY-ST-ZIP	NASSAU, BAHAMAS
TITLE	D <input type="checkbox"/> DELETE
NAME	KNOWLES, SANDRA
STREET ADDRESS	EURO CANADIAN CENTRE
CITY-ST-ZIP	NASSAU, BAHAMAS
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, CAROLYN
STREET ADDRESS	EURO CANADIAN CENTRE
CITY-ST-ZIP	NASSAU, BAHAMAS
TITLE	D <input type="checkbox"/> DELETE
NAME	PALACIOUS, JAMES
STREET ADDRESS	EURO CANADIAN CENTRE
CITY-ST-ZIP	NASSAU, BAHAMAS
TITLE	S <input type="checkbox"/> DELETE
NAME	BHATNAGAR, DEEPAK
STREET ADDRESS	EURO CANADIAN CENTRE
CITY-ST-ZIP	NASSAU, BAHAMAS
TITLE	DT <input type="checkbox"/> DELETE
NAME	BHATNAGAR, DEEPAK
STREET ADDRESS	EURO CANADIAN CENTRE
CITY-ST-ZIP	NASSAU, BAHAMAS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DR. HUBERT MINNIS
13 STREET ADDRESS	EURO CANADIAN CENTRE
14 CITY-ST-ZIP	NASSAU, BAHAMAS
21 TITLE	DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PRESIDENT/DIRECTOR
23 STREET ADDRESS	SENATOR BRENT SYMONETTE
24 CITY-ST-ZIP	EURO CANADIAN CENTRE
31 TITLE	MARLBOROUGH STR. <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	NASSAU, BAHAMAS
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	STREET ADDRESS REMAIN FOR ALL <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DIRECTORS & OFFICES AS:
43 STREET ADDRESS	EURO CANADIAN CENTRE
44 CITY-ST-ZIP	MARLBOROUGH STREET
51 TITLE	NASSAU, BAHAMAS <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	700002178607 <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-05/14/97--01093--028
63 STREET ADDRESS	***165.00
64 CITY-ST-ZIP	

14. I, the filer, 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 if changed, or on an attachment with my address.

SIGNATURE: *[Signature]* **May 2, 1997**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)