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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M41307 (3)

LUCAYAN BEACH CASION HOTEL LIMITED, INCORPORATED

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

3. Date Incorporated or Qualified 11/07/1986 3a. Date of Last Report 05/01/1996

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

4. FEI Number 59-2793885 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  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D VANDERPOOL-WALLACE, VINCENT EURO CANADIAN CENTRE NASSAU, BAHAMAS	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP	PRESIDENT/DIRECTOR DR. HUBERT MINNIS EURO CANADIAN CENTRE NASSAU, BAHAMAS
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KNOWLES, SANDRA EURO CANADIAN CENTRE NASSAU, BAHAMAS	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP	DELETE PRESIDENT/DIRECTOR SENATOR BRENT SYMONETTE EURO CANADIAN CENTRE MARLBOROUGH STR. NASSAU, BAHAMAS
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JOHNSON, CAROLYN EURO CANADIAN CENTRE NASSAU, BAHAMAS	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PALACIOUS, JAMES EURO CANADIAN CENTRE NASSAU, BAHAMAS	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP	STREET ADDRESS REMAIN FOR ALL DIRECTORS & OFFICES AS: EURO CANADIAN CENTRE MARLBOROUGH STREET NASSAU, BAHAMAS
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S BHATNAGAR, DEEPAK EURO CANADIAN CENTRE NASSAU, BAHAMAS	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT BHATNAGAR, DEEPAK EURO CANADIAN CENTRE NASSAU, BAHAMAS	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	700002178607 -05/14/97--01093--028 ***165.00

14. I hereby 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)