

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 # M65727 (3)

1. Corporation Name
LORD BEACONSFELD CORP.



Principal Place of Business
**P.O. BOX 402488
MIAMI BEACH FL 33140**

Mailing Address
**P.O. BOX 402488
MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified 01/25/1988	3a. Date of Last Report 01/23/1995
4. FEI Number 65-0037065	Applied For <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**TRIEN, SOFIA
1215 N. VENETIAN WAY
MIAMI FL 33139**

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 of 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 PD	<input type="checkbox"/> DELETE	1.1 TITLE D-VICE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAUTNER, MERCEDES		1.2 NAME	
STREET ADDRESS 5775 COLLINS AVE., #506		1.3 STREET ADDRESS	
CITY-STATE-ZIP MIAMI BEACH FL		1.4 CITY-STATE-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE TRIEN, SOFIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRIEN, SOFIA M.		2.2 NAME	
STREET ADDRESS 1215 N. VENETIAN WAY		2.3 STREET ADDRESS 1215 N. VENETIAN WAY	
CITY-STATE-ZIP MIAMI FL		2.4 CITY-STATE-ZIP MIAMI, FL 33139	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D-SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARAZI, ANA M.		3.2 NAME	
STREET ADDRESS 19821 N.E. 19 AVE.		3.3 STREET ADDRESS 20484 W. DIXIE HIGHWAY	
CITY-STATE-ZIP N. MIAMI BEACH FL		3.4 CITY-STATE-ZIP NORTH MIAMI BEACH, FL 33180	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 305/371-2929
Date Daytime Phone #

CR2E034 (12/95)