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Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005204 (2)**

1. Corporation Name

LA PALOMA SOCIAL CLUB, INC.



Principal Place of Business	Mailing Address
9200 MILITARY TRAIL #119 BONTON BEACH FL 33436 US	9200 MILITARY TRAIL #19 BONTON BEACH FL 33436 US

3. Date Incorporated or Qualified	10/18/1994
4. FEI Number	65-0565528
Applied For	Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
FINET, JACQUES 9200 MILITARY TRAIL #175 BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent
81 Name LUCIEN PARENT 82 Street Address (P.O. Box Number is Not Acceptable) 9200 MILITARY TRAIL #048 83 84 City BOYNTON BEACH FL 85 Zip Code 33436

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE LUCIEN PARENT PRESIDENT Lucien Parent 05/14/98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	VARY, MADELEINE
STREET ADDRESS	9200 MILITARY TRAIL 57
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	LE FRANCOIS, GERARD
STREET ADDRESS	9200 MILITARY TRAIL, 103
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	PARENT, LUCIEN
STREET ADDRESS	9200 MILITARY TRAIL #048
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	D <input type="checkbox"/> DELETE
NAME	TREMBLAY, PIERRETTE
STREET ADDRESS	9200 MILITARY TRAIL #138
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FOURNIER, CORINNE
STREET ADDRESS	9200 MILITARY TRAIL 189
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	OTR <input type="checkbox"/> DELETE
NAME	BEAUDOIN, MADELEINE
STREET ADDRESS	9200 MILITARY TRAIL 162
CITY-ST-ZIP	BOYNTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V.D
1.3 STREET ADDRESS	DOLores PHILIBERT
1.4 CITY-ST-ZIP	9200 MILITARY TRAIL #178
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Directors
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD MURIELLE GINGRAS
5.3 STREET ADDRESS	9200 MILITARY TRAIL #74
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002554510
6.3 STREET ADDRESS	-06/10/98--01042--016
6.4 CITY-ST-ZIP	***\$1.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Lucien Parent 4-13-1998

CR2E037 (10/97)