

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14994** (8)

1. Corporation Name

LAS CASAS HOLDINGS, INC.

Principal Place of Business

801 BRICKELL AVENUE
SUITE 1001
MIAMI FL 33131

Mailing Address

801 BRICKELL AVENUE
SUITE 1001
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/25/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0059348

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RELIABLE AGENTS, INC.
801 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131

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 fee if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	ANDERSON, JAMES D
STREET ADDRESS	12240 SW 103RD TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	LEES, MAURICE H
STREET ADDRESS	12240 SW 103RD TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	CAMPBELL, BRUCE
STREET ADDRESS	12240 SW 103RD TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	AS
NAME	ABRAM, SAM
STREET ADDRESS	801 BRICKELL AVE.,S-1001
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	RICHARD S. GRANT	
1.3 STREET ADDRESS	20 KING ST. WEST, 9TH FL.	
1.4 CITY-ST-ZIP	TORONTO, ONTARIO	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	DEBORAH J. BEST	
2.3 STREET ADDRESS	20 KING ST. WEST, 9TH FL.	
2.4 CITY-ST-ZIP	TORONTO, ONTARIO	
3.1 TITLE	SEC. & TR.	☒ Change ☐ Addition
3.2 NAME	LEO J. COULAS	
3.3 STREET ADDRESS	20 KING ST. WEST, 9TH FL.	
3.4 CITY-ST-ZIP	TORONTO, ONTARIO	
4.1 TITLE	AS	☐ Change ☐ Addition
4.2 NAME	SAM ABRAM	
4.3 STREET ADDRESS	FINANCIAL SQUARE, 23RD FL.	
4.4 CITY-ST-ZIP	NEW YORK, N.Y.	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #