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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000028268 (8)

1. Corporation Name

PALADIN REAL ESTATE SERVICES CORPORATION

Principal Place of Business

7370 N.W. 36TH STREET
SUITE 220-F
MIAMI FL 33166

Mailing Address

7370 N.W. 36TH STREET
SUITE 220-F
MIAMI FL 33166-6740

3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

10/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAFONTAINE, ROY P
10619 S.W. 113TH PLACE
SUITE C
MIAMI FL 33176

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 registered agent 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
LA FONTAINE, ROY PAUL
7370 N.W. 36TH STREET, SUITE 220-F
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PVST
LA FONTAINE, ROY PAUL
7370 N.W. 36TH STREET, SUITE 220-F
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
[] Change [] Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
[] Change [] Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
[] Change [] Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
[] Change [] Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
[] Change [] Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
[] Change [] Addition

14. I do 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, if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-97 305-592-2998

Date

Daytime Phone #

0228007

CR2E034 (9/96)