

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 # P95000038484 (8)

1. Corporation Name

LAS OLAS NO. 1, INC.



Principal Place of Business

Mailing Address

200 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33301

200 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUXO, ALEX  
200 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33301

81 Name  
American Information Services, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
One SE Third Avenue  
83 27th Floor  
84 City  
Miami  
85 Zip Code  
FL 33131

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

*Christopher Nelson, PRC.*

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DPS
1.3 STREET ADDRESS	Richard C. Rochon
1.4 CITY-ST-ZIP	200 S. Andrews Ave., 6th Floor Ft. Lauderdale, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T
2.3 STREET ADDRESS	Cris V. Branden
2.4 CITY-ST-ZIP	200 S. Andrews Ave., 6th Floor Ft. Lauderdale, FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP/AS
3.3 STREET ADDRESS	Alex Muxo
3.4 CITY-ST-ZIP	200 S. Andrews Ave., 6th Floor Ft. Lauderdale, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS/VP
4.3 STREET ADDRESS	William M. Pierce
4.4 CITY-ST-ZIP	200 S. Andrews Ave., 6th Floor Ft. Lauderdale, FL 33301
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500001811285
6.3 STREET ADDRESS	-05/07/96--01091--011
6.4 CITY-ST-ZIP	***6000.00

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 its 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

*William M. Pierce*

4/22/96

954-627-5000

Date

Daytime Phone

CR2E034 (12/95)