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May 05 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 # P95000067028 (7)

1. Corporation Name  
LAKE LOUISE PROPERTIES, INC.



Principal Place of Business  
801 PONCE DE LEON BLVD.  
SUITE 701  
CORAL GABLES FL 33134

Mailing Address  
801 PONCE DE LEON BLVD.  
SUITE 701  
CORAL GABLES FL 33134-3073

3. Date Incorporated or Qualified 08/30/1995  
3a. Date of Last Report 08/07/1996

4. FEI Number 65-0614050  
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 7601 E TREASURE DR  
Suite, Apt. #, etc.

22 1023  
City & State

23 N. BAY VILLAGE, FL  
Zip

24 33141  
Country USA

2a. Mailing Address  
26 7601 E TREASURE DR  
Suite, Apt. #, etc.

27 1023  
City & State

28 N. BAY VILLAGE FL  
Zip

29 33141  
Country USA

9. Name and Address of Current Registered Agent

SOARES, JACQUELINE S.  
7601 E. TREASURE DR. #1023  
N. BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 *Jacqueline S. Soares* - JACQUELINE SILVA SOARES 04/15/97  
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 D  
NAME PIRES, JACKSON L  
STREET ADDRESS 801 PONCE DE LEON BLVD., SUITE 701  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME PIRES, JACKSON L  
1.3 STREET ADDRESS 7601 E TREASURE DR 1023  
1.4 CITY-ST-ZIP N. BAY VILLAGE FL 33141

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 only in attachment with an address.

SIGNATURE *Jacqueline S. Soares* 04/15/97

CR2E034 (9/96)