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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024112 (0)

LOUCAR HOLDINGS, INC. Principal Place of Business Mailing Address 250 KAWAMA LANE 250 KAWAMA LANE PALM BEACH FL 33480 PALM BEACH FL 33480-3615 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1996 2. Principal Place of Business 2a. Mailing Address FEI Number 65-0672598 Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 This corporation has liability for intangible tax under s. 199.032, Country Country X Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A Z REGISTERED AGENT CORPORATION 2601 SOUTH BAYSHORE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1600** 83 **MIAMI FL 33133** City Zip Code 85 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, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. Change Addition DELETE 1.1 TITLE THE ALONSO, LOURDES A NAME 1.2 NAME 250 KAWAMA LANE 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE ASPURU, CARLOS M 2.2 NAME NAME **480 CASUARINA CONCOURSE** 2.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33143** CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THEF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-5T-ZIP CHY-S*-Ziff DELETE Change Addition TOLLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-SI-769 Addition Change DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 54 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

14. Lob 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 602, Florida Statutes; and that my name

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP

0335453

FILED

May 07 1997 8:00am

Secretary of State