

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra H. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P 96000084315**  
 1. Corporation Name  
**Black Orchid Associates, Inc.**

Principal Place of Business Mailing Address  
**3273 Meadow Run Drive Venice, FL. 34293-1430 "Same"**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/11/96</b>	3a. Date of Last Report
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**Amerilawyer  
 343 Almeria Avenue  
 Coral Gables, FL. 33134**

**10. Name and Address of New Registered Agent**

81. Name <b>Maurice L. LaRiviere</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>3273 Meadow Run Drive</b>
83. City <b>Venice</b>
84. State <b>FL</b>
85. Zip Code <b>34293</b>

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: **Maurice L. LaRiviere** *Maurice L. LaRiviere* DATE: **4/25/97**

Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Richard A. Lucadamo Sr.</b>	
STREET ADDRESS	<b>3494 Kensbrook Street</b>	
CITY-ST-ZIP	<b>Las Vegas, NV. 89121</b>	<input type="checkbox"/> DELETE
TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Irwin Kaye</b>	
STREET ADDRESS	<b>364 Lakeside Blvd.</b>	
CITY-ST-ZIP	<b>Boca Raton, FL. 33434</b>	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Ted Martin</b>	
1.3 STREET ADDRESS	<b>21 Carlyle Close</b>	
1.4 CITY-ST-ZIP	<b>East Molesey, Surrey, England</b>	
2.1 TITLE	<b>KT8 1SX</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>400002195574</b>	
5.3 STREET ADDRESS	<b>-05/30/97--01005--027</b>	
5.4 CITY-ST-ZIP	<b>***165.00</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**es**  
**5/16/97**

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 on an attachment with an address.

SIGNATURE: **Richard Lucadamo Sr.** *Richard Lucadamo Sr.* DATE: **4/26/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)