PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

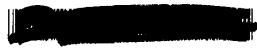
DOCUMENT # \$25966

(0)

LA HACIENDA PROPERTY, INC.

Mailing Address

FILED Jun 05 1997 8:00am Secretary of State



MIAMI FL 33161			MIAMI FL 33181-3404							
							3. Date Incorporated or Qualified 01/18/1991	3a. Date o		port
2. Principal Pl	ace of Business	2a. Ma	2a. Mailing Address			4. FEI Number	<u> </u>	App	olied For	
21		26	26				65-0239892		Not	Applicable
Suite, Apt.	#, etc.	Sυ	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$	8.75 A	dditional
22		27	27				5. Certificate of Status Desired		Fee Rec	puired
City & State	9	Cit	City & State				6. Election Campaign Financing		5.00	May Be
23		28					Trust Fund Contribution			
Zip	Country		Z _i p Country				8. This corporation has liability for intangible tax under s. 199.032,			
24	25					Fiorida Statutes Yes No				
9, Name and Address of Current Registered Agent					1 1	Vame	10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM					Name					
	S. PINE ISLAND ROAD		82 Street Add		Street Addr	ddress (P.O. Box Number is Not Acceptable)				
PLAI	NTATION FL 33324				3			 		
				°						
				[6	4 (City		F1 8	Zip C	ode
11 Divariant	to the provisions of Sections 607	0502 and 607 s	508 Florida Status	tes the she	VP-2	amed core	oralion submits this statement for the o		naino its	registered
office or n	egistered agent, or both in the S	tate of Florida	Such change was	authorized	by th	ne corporati	oration submits this statement for the plion's board of directors. I hereby accept	of the appoint	nent as i	egistered
agent I a	m familiar with, and accept the ol	bligations of, Se	otion 607.0505, Fi	iorida Statu	es.					
SIGNATURE	Signature, typed or printed name of registerer	p apert and title 1 apr	oncable (NO)	TE: Registered /	\aent s	sionature (enum	ed when reinstating)	DATE		
12		AND DIRECTO		13.			AUDITIONS:CHANGES TO DEPO		REGIUE	\$ 10, 12
TITLE	PST		DELETE	11 1111	F				Change	Addition
NAME	HALVORSSEN, NELLY			1.2 NAM	1E					
STREET ADDRESS	11111 BISCAYNE BLVD., A	PT. 652		13 STRI	ET AD	DRESS				
CITY-ST-ZIP	MIAMI FL 33161				14 CITY-ST-ZIP					
TITLE	D		DELETE	21 TITL	É				Change	Addition
NAME	BE NEBY, PHILIP J			2 2 NAN	1E					
STREET ADDRESS	RYL BOC TRUST LTD E HI	LL		2 3 STR	EF1 AD	DRESS				
CITY-ST-ZIP	NASSAU, N.P., BAHAMAS			2 4 011	y - ST -	ZIP				
TITLE			DELETE	31 TITL	Ę.	1			Change	Addition
NAME				3.2 NAN	1Ē					
STREET ADDRESS				3.3 STR	EET AD	DAESS				
CITY-ST-ZIP				3 4. CIT		ZIP				
TITLE			DELETE	4.1 1111		ļ		لسا	Change	Addition
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STREET ADDRESS				4.3 S FR	[{T }-[DRESS				
CITY-ST-ZIP			11 25 25	4.4 CITS		ZIP			<u> </u>	
TITLE			DELETE	5.1 THL			IIII	V/	Change	Addition
NAME				5 2 NAA			\mathcal{O}_{r}	(1)		
STREET ADDRESS				5.3 STR		· i	Υ,	7		
CITY - ST - ZIP			65, 54	5.4 Ci11		Z(P		00	Cinco	4.2400a
TITLE			DELETE	6 1 1111		ļ	**************************************		Change	Addition
NAME				62 NAN			30000220: -06/11/970112:	3315 5001		
STREET ADDRESS				6.3 STP		1		5UU1		
CITY-ST-ZIP				6.4 CIT	Y-S1-	ZIP	***165.00			

11. To 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 roll veryor 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 attantoment with an address.

SIGNATURE:

NATURE AND TYPES OF HINTED NAME OF SIGNING

Wousew 3/30

7 305-895.83

Daytime Phone #