

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S25966 (0)
1. Corporation Name
LA HACIENDA PROPERTY, INC.

Principal Place of Business
11111 BISCAYNE BLVD., APT. 652
MIAMI FL 33161

Mailing Address
11111 BISCAYNE BLVD., APT. 652
MIAMI FL 33161-3404

3. Date Incorporated or Qualified 01/18/1991
3a. Date of Last Report 04/15/1996

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 65-0239892 | | Applied For Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip | | 28 Zip | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 Country | | 29 Country | | | | | |

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12 OFFICERS AND DIRECTORS | | 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------|--------------------------------|--|---|
| TITLE | PST | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALVORSSSEN, NELLY | 12 NAME | |
| STREET ADDRESS | 11111 BISCAYNE BLVD., APT. 652 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33161 | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENEBY, PHILIP J | 22 NAME | |
| STREET ADDRESS | RYL BOC TRUST LTD E HILL | 23 STREET ADDRESS | |
| CITY-ST-ZIP | NASSAU, N.P., BAHAMAS | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

11. 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 registered agent 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

Date

Daytime Phone #

FILED
Jun 05 1997 8:00am
Secretary of State



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***165.00

Nelly Halvorssen 3/30/97 305-895.8373