FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:58

DOCUMENT # **P40261** **(0)**

1. Corporation Name
LADBROKE HOTELS U.S.A. CORPORATION

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD SUITE 202 CORAL GABLES FL 33134 US	901 PONCE DE LEON BLVD SUITE 202 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1992
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 13-3435986 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH ST., SUITE 300
NORTH MIAMI BEACH FL 33162

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	DIRECTOR/PRESIDENT	☒ Change ☐ Addition
NAME	HIRST, M. B.	1.2 NAME	TOMMASO ZANZOTTO	
STREET ADDRESS	2/3 RHODES WAY	1.3 STREET ADDRESS	2/3 RHODES WAY	
CITY-ST-ZIP	WATFORD, HERT., U.K.	1.4 CITY-ST-ZIP	WATFORD, HERT., ENGLAND	
TITLE	V	2.1 TITLE	DIRECTOR/VP TREASURER	☒ Change ☐ Addition
NAME	O'MAHONY, J. F.	2.2 NAME	ALAN CORNISH	
STREET ADDRESS	CHANCEL HOUSE, NEASDEN LANE	2.3 STREET ADDRESS	2/3 RHODES WAY	
CITY-ST-ZIP	LONDON EN	2.4 CITY-ST-ZIP	WATFORD, HERTS., ENGLAND	
TITLE	S	3.1 TITLE	DIRECTOR/SECRETARY	☒ Change ☐ Addition
NAME	NOEL, J. C.	3.2 NAME		
STREET ADDRESS	ONE WALL STREET COURT, 10TH FLOOR	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK, NY 10005	
TITLE	AT	4.1 TITLE	ASSISTANT TREASURER	☒ Change ☐ Addition
NAME	CORNISH, A.	4.2 NAME	MIKE SARSON	
STREET ADDRESS	2/3 RHODES WAY	4.3 STREET ADDRESS	2/3 RHODES WAY	
CITY-ST-ZIP	WATFORD, HERT., U.K.	4.4 CITY-ST-ZIP	WATFORD, HERTS., ENGLAND	
TITLE	VP	5.1 TITLE		☒ Change ☐ Addition
NAME	LIERMAN, PAUL	5.2 NAME		
STREET ADDRESS	901 PONCE DE LEON BLVD., SUITE 202	5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		6.1 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME		6.2 NAME	GEOFFREY CHESTER	
STREET ADDRESS		6.3 STREET ADDRESS	2/3 RHODES WAY	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WATFORD, HERTS., ENGLAND	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: PAUL LIERMAN 1/19/95 (305) 444-3444
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0137841 CP