

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # P40261 (0)**  
 1. Corporation Name  
**LADBROKE HOTELS U.S.A. CORPORATION**



Principal Place of Business  
**801 PONCE DE LEON BLVD SUITE 202 CORAL GABLES FL 33134 US**

Mailing Address  
**801 PONCE DE LEON BLVD SUITE 202 CORAL GABLES FL 33134-3073 US**

3. Date Incorporated or Qualified **08/28/1992** 3a. Date of Last Report **04/25/1996**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>13-3435886</b>	Not Applicable
22	<b>7th Floor</b>	<b>7th Floor</b>	27	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Zip	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 187TH ST., SUITE 300 NORTH MIAMI BEACH FL 33162</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JARVIS, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>MAPLE CT. CENTRAL PARK, REED CRESCENT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATFORD HE</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice Pres.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILSON, DAVID</b>	2.2 NAME	<b>Brian Wallace</b>
STREET ADDRESS	<b>MAPLE CT. CENTRAL PARK, REEDS CRESCENT</b>	2.3 STREET ADDRESS	<b>Maple Ct., Central Park, Reeds Crescent</b>
CITY-ST-ZIP	<b>WATFORD HE</b>	2.4 CITY-ST-ZIP	<b>Watford, Herts WD1 1HZ</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Vice Pres. &amp; Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DECKER, ROBERT</b>	3.2 NAME	<b>Howard Friedman</b>
STREET ADDRESS	<b>ONE WALL STREET CT. 10TH FL.</b>	3.3 STREET ADDRESS	<b>901 Ponce de Leon Blvd. 7th Floor</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARSON, MIKE</b>	4.2 NAME	
STREET ADDRESS	<b>MAPLE CT. CENTRAL PARK, REEDS CRESCENT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATFORD HE</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIERMAN, PAUL</b>	5.2 NAME	
STREET ADDRESS	<b>901 PONCE DE LEON BLVD., SUITE 202</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHESTER, GEOFFREY</b>	6.2 NAME	
STREET ADDRESS	<b>MAPLE CT. CENTRAL PARK, REEDS CRESCENT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATFORD HE</b>	6.4 CITY-ST-ZIP	

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

*Paul Lierman* **Paul Lierman** *W/6102* **305-444-6811**

CR2E034 (9/96)