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Mar 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H46161

1. Corporation Name
LOCAL INVESTMENT CO., INC.

Principal Place of Business 2900 W. 84TH ST., #201 HIALEAH FL 33016	Mailing Address 2900 W. 84TH ST., #201 HIALEAH FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3789 W. 18 Ave	26	3789 W. 18 Ave	03/08/1985	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				59-2557558	
23. City & State		28. City & State		5. Certificate of Status Desired	
Hialeah, FL		Hialeah, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing	
33012		33012		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation owes the current year Intangible Personal Property Tax.	
USA		USA		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HERRERA, CARLOS
 2900 W. 84TH ST., #201
 HIALEAH FL 33016

10. Name and Address of New Registered Agent

81	Name	Herrera Carlos
82	Street Address (P.O. Box Number is Not Acceptable)	3789 W. 18 Avenue
83		
84	City	Hialeah FL
85	Zip Code	33012

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]* DATE: 3/12/99

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HERRERA, CARLOS	
STREET ADDRESS	2900 W. 84TH ST, #201	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RIVERO, LUISA M	
STREET ADDRESS	2900 W 84TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herrera Carlos	
1.3 STREET ADDRESS	3789 W. 18 Ave.	
1.4 CITY-ST-ZIP	Hialeah, FL 33012	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rivero, Luisa M.	
2.3 STREET ADDRESS	3789 W. 18 Ave	
2.4 CITY-ST-ZIP	Hialeah, FL 33012	
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/12/99 (305) 362-1664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)