

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
TERRY R. MURPHY
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M41705** (8)
LONDON PARIS GIFTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 730 SW 26 RD MIAMI FL 33131-1301	Mailing Address 730 SW 26 RD MIAMI FL 33131-1301
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3. Date Incorporated or Qualified 11/17/1986	3a. Date of Last Report 03/16/1994
4. FEI Number 59-2737423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent SAPORTA, MOISE 730 SW 26TH ROAD MIAMI FL 33129	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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: _____ DATE: _____
(Print Name of Agent and the Corporation) (Print Registered Agent Separate Resident when necessary)

12. OFFICERS AND DIRECTORS	
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	DP SAPORTA, MOISE 730 SW 26 RD MIAMI FL
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	DVS SAPORTA, GLADYS 730 SW 26 RD MIAMI FL
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	T SAPORTA, GLADYS 730 SW 26 RD MIAMI FL
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I declare to certify that the information supplied with this filing is voluntarily furnished and I elect not qualify for the exemption stated in Section 193.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 officer or member empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment to my address.

SIGNATURE: *Moise Saporta*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
MOISE SAPORTA

3-31-95
 Date