

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90153 038 ***158.75

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 189748

1. Corporation Name
LONDON PLATERS INC

Principal Place of Business
C/O DAVID LONDON
1080 E 24TH ST
HIALEAH FL 33013-4324

Mailing Address
C/O DAVID LONDON
1080 E 24TH ST
HIALEAH FL 33013-4324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1956	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0772518	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LONDON, MICHAEL
1571 E. SANDPIPER CIRCLE
PEMBROOKE LAKES FL

10. Name and Address of New Registered Agent

81	Name	AURELIO A. PIEDRA	
82	Street Address (P.O. Box Number is Not Acceptable)		
83	City	780 N. W. Le Jeune Rd # 516	
84	City	FL	85 Zip Code 33126

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

4-28-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/T	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONDON, DAVID			1.2 NAME	AUGUSTO G. CASAMAYOR		
STREET ADDRESS	1080 EAST 24 STREET			1.3 STREET ADDRESS	1229 CORAL WAY		
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S/NP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONDON, MICHAEL			2.2 NAME	MANUEL CASAMAYOR JR		
STREET ADDRESS	1571 E. SANDPIPER CIRCLE			2.3 STREET ADDRESS	921 HARDEE ROAD		
CITY-ST-ZIP	PEMBROOKE LAKES FL			2.4 CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONDON, DOREEN C.			3.2 NAME			
STREET ADDRESS	5161 S.W. 145 AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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] V.P. Manuel Casamayor Jr 4/28/99 (305) 691-3472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)