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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sccretary of State

1996 DOCUMENT # K26289 1. Corporation Name		JES .	DIVISION OF CORPORATIONS						
		89	(4)						
LONDE	K CORP.							. 61611 81811 8	1411 BIAIS 18 4 1
Principal Place o	f Business	Mail	ing Address			19919141 BIE 41910 DANO 11061 10111	1831 81811 9181		I BEF BEBIE I BBF
8602 NW 66 S		_	602 NW 66 STREET NAMI FL 33166						
MIAMI FL 331	00		HAMI PL 33100			3. Date Incorporated or Qualified	3a. Date	of Last Rep	port
						06/15/1988	04	1/27/199	
2. Principal Plac	e of Business	i	Mailing Address		,	4. FEI Number			oplied For
C. 4: 4:1 #	ote .	26	Suite. Apt. #, etc			65-0055304			ot Applicable Additional
Suite, Apt. #,	etc.	27	Suite. Apr., #, 6to			5. Certificate of Status Desired			equired
City & State			Oity & State			6. Election Campaign Financing			Мау Ве
3		28	7	T Co	ato.	Trust Fund Contribution 8. This corporation has liability for its			to Fees
Zφ 	Country 25	29	Zip	30 Cour	п. у		ntangible ta.	A 1010101 5	
<u>u</u>	9. Name and Address of Curr		ered Agent			10. Name and Address of New R	egistered /	Agent	
					81 Name				
LONDON, JOSEPH					82 Street Add	lress (P.O. Box Number is Not Acceptab	ile)		
2553 BACCARAT DR					83				
COOPER	LCITY FL 33026				00				
					84 City		FL	85 Zip	Code
SIGNATURE	i, and accept the obligations of, Se signal without or transfer and here a				Activity society in the record		E/ATE		
12.	OFFICERS A	AND DIREC		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	3S IN 12
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NAME	LONDON, JOSEPH			12 N	* NAE			Change	Addition
	OREO DAMMADAT NO			12 N/				Change	
	2553 BACCARAT DR			135	AME THELE ADDRESS TY-ST-ZIP			Change	
DITY-ST-ZIP	2553 BACCARAT DR COOPER CITY FL STD		☐ DELETE	135	HEE! AOORESS TY-ST-ZIP			Change Change	
CITY-ST-ZIP TITLE	COOPER CITY FL		☐ DELETE	135 14C	HEE! ADDRESS ITY-ST-ZIP ULE				☐ Addition
CITY-ST-ZIP TITLE NAME	COOPER CITY FL STD ARANGO, BEATRIZ 2553 BACCARAT DR		☐ DELETE	135 14C 2 1 T 22N 23S	HELL ADDRESS ITY-ST-ZIP OLE AME IREEL ADDRESS				☐ Addition
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I do hereby certify that the information supplied with this tiling is voluntarily furnished and does not quality for the exemption stated in Section 1.19.07(3)(k), Florida Statutes. Further certify that the information indicated on this armual 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 directly of the corporation of the receiver of trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or an additional with an addition.

SIGNATURE: >

FIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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