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

PROFIT CORPORATION ANNUAL REPORT

oath; that I am an officer or direct appears in Block 12 or Block 18

**SIGNATURE:** 



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

CR2E034

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P02459

## **LONDON & LEEDS-CORAL GABLES CORPORATION**

Maling Address Principal Place of Business ONE WALL STREET COURT 11 FLOOR ONE WALL STREET COURT 11 FLOOR NEW YORK NY 10005 NEW YORK NY 10005 3a. Date of Last Report 3. Date Incorporated or Qualified 06/19/1984 04/18/1995 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 13-3132422 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, eta \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032 Zip Country 30 ☐ Yes ☐ No 24 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Namo OPPENHEIM, ROY D. 82 Street Address (P.O. Box Number is Not Acceptable) THE GLENDALE FEDERAL BLDG. 83 1290 WESTON RD., STE. 214 FT. LAUDERDALE FL 33326 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. Thereby accept the appointment as registered agent. Lamfamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registere flagurit and little if applicable (NOTE: Registered Apent signature regured when reinstiting OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1 1 TITLE TITLE D 1.2 NAME ANDERSON, R. JOHN NAME 10 CAVENDISH PLACE 1.3 STREET ADDRESS STREET ADDRESS LONDON W1 1.4 CHY - ST - ZIP CITY-ST-ZIP DELETE Change Addit on 2 1 111LE TITLE D GEORGE, PETER M. 2.2 NAME NAME 10 CAVENDISH PLACE 2.3 STREET ADDRESS STREET ACORESS LONDON W1 2.4 C:TY - ST - ZIP CITY-ST-ZIP Addition DELETE 3 1 THEF Change TITLE ANDERSON, JOHN 3.2 NAME NAME STREET ADDRESS ONE WALL STREET COURT 3.3 STREET ADDRESS CITY-ST-2IP NY NY 10005 3.4 CITY - ST - 75P DELETE Change Addition 4 1 TITLE TITLE DP NAME TALIJAARD, DESMOND 4.2 NAME ONE WALL STREET COURT STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP NY NY 10005 4.4 CHTY - \$1 - ZIP DELETE Change Addition TITLE DAT 5.1 TITLE NAME LIERMAN, PAUL **5.2 NAME** 901 PONCE DE LEON BLVD 5.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** DITY-ST-ZIP 5.4 City SE-ZIP DELETE Change Addition THILE 6 1 TITLE NAME COLLINS, THOMAS J. ESQ. 6.2 NAME STREET ADDRESS ONE WALL STREET COURT 6.3 STREET ADDRESS NY, NY. 10005 6.4 CITY - ST - ZIP CITY-ST-ZIP supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further in 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 if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information certify that the information indicated path; that I am an officer or director.

kan attachment with an address

INTED NAME OF SIGNING OFFICER OR DIRECTOR