

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

FILED

May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # P95000058023 (9) Nlc

1. Corporation Name

~~PROFIT CORPORATION~~  
London Trading, Inc

Principal Place of Business

Mailing Address

800 DOUGLAS ROAD  
SUITE 351  
CORAL GABLES FL 33134

800 DOUGLAS ROAD  
SUITE 351  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 7547 NW 52 Street

Suite, Apt. #, etc.

22 City & State  
23 Miami, FL

Zip

24 33166

Country

25 USA

2a. Mailing Address

26 7547 NW 52 Street

Suite, Apt. #, etc.

27 City & State  
28 Miami, FL

Zip

29 33166

Country

30 USA

3. Date Incorporated or Qualified

07/27/1995

4. FEI Number

65-0596355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

g. Name and Address of Current Registered Agent

CABEZA, MANUEL E  
800 DOUGLAS RD  
SUITE 351  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Lynn B. Lewis, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

1390 Brickell Avenue, Suite 280

83

84 City

Miami

FL

85 Zip Code  
33131

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 By: Lynn B. Lewis, P.A.

Lynn B. Lewis, President

Signature, type or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PSTD  
CABANILLA, JAIRO H  
15620 SW 49 ST  
MIAMI FL 33185

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AS  
CABEZA, MANUEL E  
800 DOUGLAS RD SUITE 351  
CORAL GABLES FL 33134

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CDS ☐ Change ☒ Addition

1.2 NAME Luigi F. Fossati

1.3 STREET ADDRESS P.O. Box 140998 N/A

1.4 CITY-ST-ZIP Coral Gables, FL 33114-0998

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Luigi F. Fossati

2.3 STREET ADDRESS 801 Brickell Avenue, Suite 935

2.4 CITY-ST-ZIP Miami, FL 33131

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Julio C. Jauregui

3.3 STREET ADDRESS 6120 SW 63 Court

3.4 CITY-ST-ZIP Miami, FL 33143

4.1 TITLE PTD ☒ Change ☐ Addition

4.2 NAME CABANILLA, JAIRO H.

4.3 STREET ADDRESS 13771 sw 157 Terrace

4.4 CITY-ST-ZIP Miami, FL 33177

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002517625  
-05/08/98--01092--025  
\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 person or persons 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 the attachments with an address.

SIGNATURE

CR2E034 (10/97)