
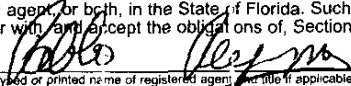


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90196 044 ***150.00

0670722

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000027245					
1. Corporation Name LOUDON CORP.					
Principal Place of Business 9608 NW 80TH AVE BAY 100 HIALEAH GARDEN FL 33016 US			Mailing Address 9608 NW 8TH AVE BAY 100 HIALEAH GARDENS FL 33016 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1996	
21		26		4. FEI Number 65-0660559	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		29	
24		25		30	
9. Name and Address of Current Registered Agent REYNA, PABLO F 11330 SW 3RD ST MIAMI FL 33174			10. Name and Address of New Registered Agent		
			81 Name Reyna Pablo F.		
			82 Street Address (P.O. Box Number is Not Acceptable) 8323 SW 137 AVE		
			83 Miami, FL		
			84 City Miami FL 85 Zip Code 33183		
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. 11/15/99					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE DP <input checked="" type="checkbox"/> DELETE					
1.2 NAME REYNA, CARLOS A					
1.3 STREET ADDRESS 3901 SW 109 AV APT D7					
1.4 CITY-ST-ZIP MIAMI FL					
2.1 TITLE DST <input checked="" type="checkbox"/> DELETE					
2.2 NAME REYNA, PABLO F					
2.3 STREET ADDRESS 8323 SW 137 AVE					
2.4 CITY-ST-ZIP MIAMI FL 33183					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)