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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90043 032 \*\*\*150.00

**DOCUMENT #** 

1. Corporation Name

P96000088684

British Investment, Company

Principal Place of Business 901 Ponce De Leon Blvd. Suite 601

Mailing Address 901 Ponce De Leon Blvd.

Suite 601

Coral Gables, FL 33134

Coral Gables, FL 33134

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3. Date Incorporated or Qualifed

ace of Business	2a.	Mailing Address				<del></del>				
•	<del></del>	maining Address				4. FEI Number				Applied For
	26					65-074769	7			Not Applicable
e, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status De	sired		•	5 Additional Required	
3	1	City & State			_	6. Election Campaign Fin	ancing		<b>¢</b> 5	00 May Be
	28	28			1				led to Fees	
Country		Zip	Country	y		8. This corporation owes	the curren	t vear Int	angible	
25	29	30	]			1		,	Yes	□No
9. Name and Address of Current	Regist	ered Agent				10. Name and Address o	f New Re	gistered	Agent	
573113 - Tr A11	ъ.	•	81	1   1	Name					
			02	, ,	Ctroot Add	noo (D.O. Day Mhar is Mak	<u> </u>			<del></del>
	vd.,		02	'   `		ess (P.O. Box Number is Not.	Acceptabl	e)		
Suite 601			83	3	·					
Coral Gables, FL 331	34		L	1						
i			84	<b>!</b>   (	City				85 2	ip Code
o the provisions of Sections 607 0502	and 60	7 1508 Florida Statutes	the abov	/e-n	named corn	aration submits this statement	for the or		obeneje.	ito registered
gistered agent, or both, in the State o	Florida	i. Such change was autho	orized by	/ the	e corporatio	on's board of directors. I hereb	y accept t	the appoi	ntment a	s registered
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Signature, typed or printed name of registered agent	and little if	applicable. (NOTE: Reg	istered Age	nt sig	ignature required	d when reinstating)		DATE		<del></del>
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	Country  25  9. Name and Address of Current William H. Albornoz, 901 Ponce De Leon Bl Suite 601 Coral Gables, FL 331  of the provisions of Sections 607.0502 gistered agent, or both, in the State of a familiar with, and accept the obligation OFFICERS AND D Juan Osorno 7171 Coral Way Suite Miami, FL 33155	Country  25  9. Name and Address of Current Registr William H. Albornoz, Esq 901 Ponce De Leon Blvd., Suite 601 Coral Gables, FL 33134  of the provisions of Sections 607.0502 and 60 gistered agent, or both, in the State of Florida I familiar with, and accept the obligations of, Signature, typed or printed name of registered agent and little if OFFICERS AND DIRECT D Juan Osorno 7171 Coral Way Suite 601 Miami, FL 33155	Country  Zip  Zip  25  9. Name and Address of Current Registered Agent  William H. Albornoz, Esquire  901 Ponce De Leon Blvd.,  Suite 601  Coral Gables, FL 33134  On the provisions of Sections 607.0502 and 607.1508, Florida Statutes, gistered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florida  Signature, typed or printed name of registered agent and life if supplicable.  OFFICERS AND DIRECTORS  D Juan Osorno  7171 Coral Way LSuite 601  Miami. FI. 33155  DELETE  DELETE  DELETE	Country Zip Country  Zip Country  Zip 30  9. Name and Address of Current Registered Agent  William H. Albornoz, Esquire  901 Ponce De Leon Blvd.,  Suite 601  Coral Gables, FL 33134  but the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the about gistered agent, or both, in the State of Florida. Such change was authorized by in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  OFFICERS AND DIRECTORS  13.  OFFICERS AND DIRECTORS  13.  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Name and Address of Current Registered Agent  William H. Albornoz, Esquire  90.1 Ponce De Leon Blvd.,  Suite 60.1  Coral Gables, FL 33134  Delie provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-gistered agent, or both, in the State of Florida. Such change was authorized by the flamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  OFFICERS AND DIRECTORS  DUAL OSORNO  7.771 Coral Way Suite 60.1  Miami FI. 331.55  DELETE  DELETE  1.1 TITLE  2.2 NAME  2.3 STREET AI  2.4 CITY-ST-Z  DELETE  1.1 TITLE  2.2 NAME  4.3 STREET AI  4.4 CITY-ST-Z  DELETE  1.1 TITLE  4.2 NAME  4.3 STREET AI  4.4 CITY-ST-Z  DELETE  5.2 NAME  5.3 STREET AI  4.5 CITY-ST-Z  DELETE  1.1 TITLE  6.2 NAME  6.3 STREET AG  6.3 STREET AG  6.4 CITY-ST-Z  CITY ST-Z  DELETE  1.1 TITLE  6.2 NAME  6.3 STREET AG  6.3 STREET AG  6.4 CITY-ST-Z  CITY ST-Z  CITY S	Country    Zip	City & State    City & State   28	Country Zip Country 2 Zip Country 8. This corporation was the currer Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Re William H. Albornoz , Esquire 901 Ponce De Leon Blvd.,  Suite 601 Coral Gables , FL 33134  20 Bite provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the projectered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept in Itamiliar with, and accept the obligations of, Sections 607.0505, Florida Statutes.  Significate, tiped or provide or registered agent and late it appointed.  OFFICERS AND DIRECTORS 11. TIPE 1. TIPE 1	Country 2 p Countr	City & State    Ze    Zip   Country   Zip   Country   S. This corporation were the current year intangible   Personal Property Tax   Yes   Yes

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.