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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000038553

1. Corporation Name

LONDON INVESTMENTS, INC.

							E   E()    EU   #0  }		\$	BIREO FILL IOUT
Principal Place	e of Business	Mailing Address			i			÷		
9001 S.W. 94TH STREET 9001 S.W. 94TH STREET										
MIAMI FL 33176	3	MIAMI FL 33176				DO NOT WRITE IN THIS SPACE				
						3. Date Incorpora			3 SPACE	· · · · · · · · · · · · · · · · · · ·
						1 **		Ju		
						04/30/1997			F   A	- Park Park
2. Principal Place of Business 2a. Mailing Address			<u>ì</u>			4. FEI Number		<u> </u>	plied For	
	SW 8st	<del></del>	1000			65-0751338 Not Applicable				
Suite, Apt.		Suite, Apt. #, etc.  27 238				5. Certifcate of S	sf Status Desired Status Desired Fee Required			
City & State City & State						6. Election Camp	aign Financin	ıg —	\$5.00	May Be
13 Mia	28 Miami FL				Trust Fund Contribution Added to Fees					
Zip	Country:-		ountry	,		8. This corporation	on owes the c	urrent year Ir	ntangible	
4 3314	Li- · - [25]	29 33144 - 30 =	$\rightarrow$			- Personal Prop		7	Yes	□No
	9. Name and Address of Curren			******		10. Name and Ac	Idress of Nev	w Registered	d Agent	• • • •
	<u> </u>		81	Name						
MAR	QUEZ, JOSE M ESQ.			L		<u></u>				
	NW LEJEUNE ROAD		82	Street	Addres	ss (P.O. Box Number	er is Not Acce	ptable)		
	E 548		83	-				<u> </u>	<u> </u>	,
MIAN	- : · · ·		83							
MIN	W 1 C		84	City					85 Zip	Code
			L	′						
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, the	abov	e-named	corpor	ration submits this s	tatement for t	he purpose o	of changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was authorizations of Section 607.0505. Florida Sf	ed by atutes	tne corpo	oration	is poard of directors	s. I nereby ac	sebi ine appi	on an an an	gisterou
		,								
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NOTE: Registe	red Age	nt signature i	required 1	when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AN	D DIRECTORS 1	3.			ADDITIONS/CI	ANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE 1.1	TITLE		Ι.		1		Change	Addition
NAME	HERRAN, AGUSTIN	1.5	NAME		110	man, 1994	wtin.			
STREET ADDRESS	COOL OIN OUTIL CEDELL	12	STREE	TADORESS	850	man, Aqu	Suite	39%	•	
	MIAMI FL 33176					iami. FL				:
CITY-ST-ZIP	D			1.4 CITY-ST-ZIP		100 11, 14	۳۰۰۰۰	<del> </del>	Change	Addition
TITLE										: —
NAME	, , , , , , , , , , , , , , , , , , , ,		2.2 NAME					30		
STREET ADDRESS	14020 S.W. 36TH STREET	23	STREE	TADDRESS				· 57	÷	
CITY-ST-ZIP			4 CITY-S	ST-ZIP	<u> </u>		·			
TITLE	D	☐ DELETE 3.1	TITLE						Change	Addition
NAME	GUERRA, JORGE	3.7	NAME							
STREET ADDRESS	8440 S.W. 58TH STREET	3.0	STREE	TADDRESS				1	* *	
CITY-ST-ZIP	MIAMI FL 33173	37	I. СПҮ- S	ST-ZIP						
TITLE	D		TITLE		$\vdash$		•		Change	Addition
NAME	HERRAN, ANTOLIN G		2 NAME					- n	ء د معید	
	6001 S.W. 84TH AVE			T ADDRESS				Ι,	1 4 11 14 4 4	
STREET ADDRESS								i		
CITY-ST-ZIP	MIAMI FL 33143		CITY-S	ST-ZIP	<del> </del>				☐ Change	☐ Addition
TITLE	D		TITLE							L Addition
NAME	SANTANA, MAGALY		NAME					lin		
STREET ADDRESS	8330 S.W. 5TH ST	5.3	STREE	TADORESS				;		
CiTY-ST-ZIP	MIAMI FL 33144	L.	CITY-5	ST-ZIP				12	*:	
TITLE		☐ DELETE 6.1	TITLE					*	☐ Change	Addition

6.2 NAME

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 of 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 writt an address. With all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90016 047 \*\*\*150.00