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Secretary of State

03-05-1999 90016 047 ***150.00

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.



Principal Place of Business 9001 S.W. 94TH STREET MIAMI FL 33176	Mailing Address 9001 S.W. 94TH STREET MIAMI FL 33176
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1997	4. FEI Number 65-0751338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8500 SW 8th	2a. Mailing Address 26 8500 SW 8th
Suite, Apt. #, etc. 22 228	Suite, Apt. #, etc. 27 228
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33144	Country 25
Zip 29 33144	Country 30

9. Name and Address of Current Registered Agent
MARQUEZ, JOSE M ESQ.
782 NW LEJEUNE ROAD
SUITE 548
MIAMI FL

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	HERRAN, AGUSTIN
STREET ADDRESS	9001 S.W. 94TH STREET
CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input type="checkbox"/> DELETE
NAME	HERRAN, EZEQUIEL
STREET ADDRESS	14020 S.W. 36TH STREET
CITY-ST-ZIP	MIAMI FL 33125
TITLE	D <input type="checkbox"/> DELETE
NAME	GUERRA, JORGE
STREET ADDRESS	8440 S.W. 58TH STREET
CITY-ST-ZIP	MIAMI FL 33173
TITLE	D <input type="checkbox"/> DELETE
NAME	HERRAN, ANTOLIN G
STREET ADDRESS	6001 S.W. 84TH AVE
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> DELETE
NAME	SANTANA, MAGALY
STREET ADDRESS	8330 S.W. 5TH ST
CITY-ST-ZIP	MIAMI FL 33144
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herran, Agustin
1.3 STREET ADDRESS	8500 SW 8th Suite 228
1.4 CITY-ST-ZIP	Miami, FL 33144
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)