

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 # P97000089523

1. Corporation Name

PARIS-LONDON GROUP, INC.

Principal Place of Business

343 ALMERIA AVE
CORAL GABLES FL 33134

Mailing Address

343 ALMERIA AVE
CORAL GABLES FL 33134

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 the provisions of Section 607.0508, Florida Statutes.

SIGNATURE By:

Spiegel & Utrera, P.A.

Natalia Utrera, Vice President

12. OFFICERS AND DIRECTORS

TITLE D
NAME SANCHEZ, ELSIE
STREET ADDRESS 343 ALMERIA AVE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[] DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

[] Yes [] No

10. Name and Address of New Registered Agent

81 Name Spiegel & Utrera, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue

83
84 City Coral Gables

FL Zip Code 33134

4/28/96 DATE
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition

4000012868634-5
-05/07/99--01159--005
****150.00 ****150.00
[] Change [] Addition

019785

99 APR 30 PM 3:57

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1997

4. FEE Number

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 the current year Intangible
Personal Property Tax

[] Yes [] No

CR2E034 (11/98)

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

4/28/96

Day/Year/Year