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25 MAY 23 AM 10:15

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **445461** (7)

1. Corporate Name
L. M. G. ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1051 WEST 29TH STREET SUITE 1 HIALEAH FL 33012**
Mailing Address: **1051 WEST 29TH STREET SUITE 1 HIALEAH FL 33012**

3. Date Incorporated or Qualified: **03/11/1974**
3a. Date of Last Report: **02/10/1994**
4. FFI Number: **59-1541303**
Applied For: Applied For 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address:
21. State, Apt # etc: 26. State, Apt # etc:
22. City & State: 27. City & State:
23. Zip: 28. Zip: Country:
24. Country: 25. Country: 29. Country: 30. Country:

9. Name and Address of Current Registered Agent: **GONZALEZ, LUIS M. 1051 W. 29TH ST. HIALEAH FL 33012**
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.056, 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 and accept the obligations of Section 607.056, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	PD GONZALEZ, LUIS M.	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1051 W. 29TH ST.	2. NAME	
CITY & STATE	HIALEAH FL	3. STREET ADDRESS	
NAME	SD GONZALEZ, NEREIDA	4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1051 W. 29TH ST.	5. NAME	
CITY & STATE	HIALEAH FL	6. STREET ADDRESS	
NAME		7. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. NAME	
CITY & STATE		9. STREET ADDRESS	
NAME		10. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. NAME	
CITY & STATE		12. STREET ADDRESS	
NAME		13. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	
NAME		16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. NAME	
CITY & STATE		18. STREET ADDRESS	
NAME		19. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		20. NAME	
CITY & STATE		21. STREET ADDRESS	
NAME		22. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23. NAME	
CITY & STATE		24. STREET ADDRESS	
NAME		25. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		26. NAME	
CITY & STATE		27. STREET ADDRESS	
NAME		28. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		29. NAME	
CITY & STATE		30. STREET ADDRESS	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 tax owner 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 of changes or on an attachment with an address.

SIGNATURE: *Luis M. Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
By *L.M.G. Ent. Inc.*