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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 662201

(3)

L.G.L. INVESTMENT CORP.

Mailing Address

P.O. BOX 145035 CORAL GABLES FL 33114-5035

Principal Place of Business

P.O. BOX 145035 CORAL GABLES FL 33114-5035 FILED
Jan 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

					04/28/1980	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21	26				59-1995461 Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		— \$8.75 Additional		
22		27			5. Certificate of Status Desired Fee Required	
City & State)	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
^{Zip}	Country	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible	
24	[25]	29	30		Personal Property Tax due June 30. X Yes No	
9. Name and Address of Current Registered Agent				· · ·	10. Name and Address of New Registered Agent	
STEA, MARIA A.				81 Name		
308 ALDEO AVE.			İ	82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33114						
				83		
•				84 City	85 Zip Code	
*					FL FL FL FL FL FL FL FL	
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 Stgnature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
12,	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP	☐ DELETE	1,1 117	LE	SVP Change Addition	
NAME	stea, maria a.		1.2 NA	ME	TASSI STEA MANDA.	
STREET ADORESS	308 ALEDO AVE.		1.3 ST	REET ADDRESS	8600 SW &C AVENUE	
CITY-ST-ZIP	CORAL GABLES FL		1.4 00	Y-ST-ZIP	MIAMI FIA 33143	
TITLE	Ī	☐ DELETE	2.1 ไป	LE	Change Addition	
NAME	stea, emilia alonso de			ME		
STREET ADDRESS			2.3 ST	REET ADDRESS		
CiTY-ST-ZIP	CORAL GABLES FL	E. /		(Y-ST-ZIP		
TITLE	P	☐ DELETE	DELETE 3.1 TITLE		☐ Change ☐ Addition	
NAME	STEA, GIOVANNI			ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 34.0		TY-ST-ZIP			
TITLE		☐ DELETE	4,1 TIT	LE	☐ Change ☐ Addition	
NAME			4, 2 N/	ME		
STREET ADORESS			4.3 STI	REET ADDRESS		
CITY - ST - ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE.		DELETE	6.1 TIT	E	☐ Change ☐ Addition	
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	EET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-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						

indicated on this annual report or suppliemental 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.

SIGNATURE:

DILLILLE RELITION

1/4/98

447-1507