

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90113 003 \*\*\*150.00

DOCUMENT # 662201

1. Corporation Name

L.G.L. INVESTMENT CORP.

Principal Place of Business  
P.O. BOX 145035  
CORAL GABLES FL 33114-5035

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1980

4. FEI Number

59-1995461

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. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

STEA, MARIA A.  
308 ALDEO AVE.  
CORAL GABLES FL 33114

(Change of  
last name)

10. Name and Address of New Registered Agent

81 Name

MARIA A. TASSI

82 Street Address (P.O. Box Number is Not Acceptable)

8600 SW 86 AVENUE

83

84 City

MIAMI

FL

85 Zip Code

33143

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

*Maria A. Tassi*

01/09/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVP ☒ DELETE  
NAME STEA, MARIA A.  
STREET ADDRESS 308 ALEDO AVE.  
CITY-ST-ZIP CORAL GABLES FL

TITLE T ☐ DELETE  
NAME STEA, EMILIA ALONSO DE  
STREET ADDRESS 308 ALEDO AVE  
CITY-ST-ZIP CORAL GABLES FL

TITLE P ☐ DELETE  
NAME STEA, GIOVANNI  
STREET ADDRESS 308 ALEDO AVE.  
CITY-ST-ZIP CORAL GABLES FL

TITLE SVP ☐ DELETE  
NAME TASSI, STEA M A  
STREET ADDRESS 8600 SW 86 AVE  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME AS BELOW ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE S.V.P. ☒ Change ☐ Addition  
4.2 NAME MARIA A. TASSI  
4.3 STREET ADDRESS 8600 SW 86 AVENUE  
4.4 CITY-ST-ZIP MIAMI FL 33143

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: X

*Maria A. Tassi*

01/09/99

(305) 447 1509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)