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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

GOMEZ. ROGER G.

MIAMI FL 33166

21

22

5901 NW 74TH AVENUE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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04-12-1999 90024 003 \*\*\*150.00

FILED

Apr 12, 1999 8:00 am Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

imi

1415

H

**DOCUMENT # G48332** 

1. Corporation Name
INDUSTRIAL GROUP CORPORATION

INDUSTRIAL GROUP CONFORMION

Mailing Address

59-2308368

5. Certifcate of Status Desired

6. Election Campaign Financing

GOMEZ. ROGER G.
5901 NW 74TH AVENUE
MIAMI FL 33166
DO NOT WRITE IN THIS SPACE

Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GOMEZ, ROGER G. 82 Street Address (P.O. Box Number is Not Acceptable) 5512 LAGORCE DR MIAMI BCH FL 33140 83 Zip Code 84 City 85 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change ☐ DELETE 1.1 TITLE TITLE GOMEZ, ROGER 1.2 NAME NAME 5512 LAGORCE DRIVE 1,3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE GOMEZ, ROGER 2.2 NAME -NAME 12921 S.W. 2 TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME. 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ Change TITLE DELETE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 3 3 3. Florid Statutes. Liturither 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 loss 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 Control of 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.

64 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

SIGNATURE REQUIRED NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER 6. GOMEZ 4/5/99 (305)591-3280