FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H70136 (7)

1. Corporation Name
L.E.G. INVESTMENT CORP.

Principal Place of Business	Mailing Address
C/O LOURDES E. GUERRA 101 SUNRISE DR. APT 1 KEY BISCAYNE FL 33149 US	C/O LOURDES E. GUERRA 101 SUNRISE DR.APT 1 KEY BISCAYNE FL 33149 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/07/1985
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o Lourdes E. Guerra	26 c/o Lourdes E. Guerra
Suite, Apt. #, etc. 22 35 S.W. 28th Road	Suite, Apt. #, etc. 27 35 S.W. 28th Road
City & State 23 Miami, FL. 33129	City & State 28 Miami, Fl. 33129
Zip: 24 33129 Country: 25 Dade	Zip: 29 33129 Country: 30 Dade

4. FEI Number: 59-2562263 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GUERRA, LOURDES E.
101 SUNRISE DR , APT 1
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: Guerra, Lourdes E.
82 Street Address (P.O. Box Number is Not Acceptable): 35 S.W. 28th Road
83: Miami
84 City: FL 85 Zip Code: 33129

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	GUERRA, LOURDES E.	1.2 NAME	
STREET ADDRESS	101 SUNRISE DR, APT 1	1.3 STREET ADDRESS	35 S.W. 28th Road
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	Miami, FL. 33129
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, IRMA	2.2 NAME	
STREET ADDRESS	6321 S.W. 25TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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(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.

SIGNATURE: Lourdes E. Guerra PD Lourdes E. Guerra 3/14/95 (305)856-4263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0162032 CP