

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:35

DOCUMENT # **J62066** (2)  
1. Corporation Name  
**LMG GROUP, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**3405-A N.W. 72ND AVE. SUITE 200 MIAMI FL 33122**

3. Date Incorporated or Qualified **03/16/1987** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2787994** Applied For Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 5. Certificate of Status Desired  \$8.75 Additional Fee Required

23. City & State 28. City & State 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24. Zip 25. Country 29. Zip 30. Country 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PALENZUELA, EDWARD  
11125 NW 59 AVE.  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent  
b1 Name  
b2 Street Address (P.O. Box Number is Not Acceptable)  
b3  
b4 City **FL** b5 Zip Code

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: Edward Palenzuela *Edward Palenzuela* DATE: 01/16/95

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | <b>D</b>                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LUGO, CRISTIAN A.</b>  | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1401 N.W. 78 AVE.</b>  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b>                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCDUGALL, HECTOR</b>   | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1401 N.W. 78 AVE.</b>  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>           | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b>                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GOMEZ, YENY</b>        | 3.2 NAME  |   |
| STREET ADDRESS             | <b>1401 N.W. 78 AVE.</b>  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL</b>           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VP</b>                 | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PALENZUELA, EDWARD</b> | 4.2 NAME  |   |
| STREET ADDRESS             | <b>11125 NW 59 AVE.</b>   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>HIALEAH FL 33012</b>   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           | 5.2 NAME  |   |
| STREET ADDRESS             |                           | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                           | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 Sections 1.13 (17)(b)(4), 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. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 1907, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or as an attachment with an address.

SIGNATURE: X *Edward Palenzuela* **VP** DATE: 01/13/95 **305-477-9057**