2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

					<u>-</u>					
DOCUMENT # J62066 1. Entity Name						FILED				
LMG GROUP, INC.						01 MAY -8 PM 2: 10				
						SECRETAR) TALLAHASS	OF STATE			
Principal Plac		Mailing Address				TALLAHASS	EE, FLURIUA			
		2450 S.W. 137TH AVE STE 226 MIAMI FL 33175								
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					T WRITE IN THIS SF			
City & Stat	9	City & State			4. F	4. FEI Number 59-2787994 Applied For				
		Zip Country			39 270			Applicable		
Zip	Country	Zip	Count	ry	5. 0	Certificate of Status Des		8.75 Addi ee Required		
	6. Name and Address of Current Re	gistered Agent Name			7. N	7. Name and Address of New Registered Agent				
A & D DECISTEDED AGENT INC										
2450	S.W. 137TH AVE., STE 226			Street Address (P.O. Box Number is Not Acceptable)						
MIAM	N FL 33175									
				City			FL	Zip Code	· 	
9. This corpo	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND DI		12.			L DITIONS/CHANGES T				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUGO, CRISTIAN A 7925 N.W. 12TH STREET., STE 12 MIAMI FL 33126	□ Delete 1 .				-US.) 41906 /03/0101(**150.00	98500 96500 ****150	ן סע	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDOUGALL, HECTOR 7925 N.W. 12TH STREET., STE 12 MIAMI FL 33126	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GOMEZ, YENY 7925 N.W. 12TH STREET., STE 12 MIAMI FL 33126	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PALENZUELA, EDWARD 7925 N.W. 12TH STREET., STE 12 MIAMI FL 33126	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	CITY-	T ADDRESS ST-ZIP				☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or moster empower or on an attachment with an address, with an address, with an address.	ue and accurate and that my ered to execute this report a	/ signati	ire shall have	e the same l	legal effect as if made i	under oatn: that i an	n an officer o	or airector - i	

CR2E034 (10/00)

PI KLUDY

(3°5)477-9057 Daytime Phone #