

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90036 012 ***150.00

DOCUMENT # M10984

1. Corporation Name

L.G. INTERNATIONAL CORP.

Principal Place of Business

7399 NW 74 ST.
561 NE 79TH ST. STE 202
MEDLEY FL 33166
US

Mailing Address

C/O OSCAR GUILLERMO LOPEZ
561 NE 79TH ST. STE 202
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1985

4. FEI Number

59-2509285

☒ 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

21 561 N.E. 79TH STREET

Suite, Apt. #, etc.

22 SUITE #202

City & State

23 MIAMI, FLORIDA

Zip

24 33138

Country

25 U.S.A.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LOPEZ, OSCAR GUILLERMO
7399 NW 74 TH ST.
MEDLEY
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

LOPEZ, OSCAR GUILLERMO

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

561 N.E. 79TH STREET

83

SUITE #202

84 City

MIAMI

FL

85 Zip Code
33138

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

OSCAR GUILLERMO LOPEZ PRESIDENT

FEB./9/99

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 PTD ☒ DELETE
NAME LOPEZ, OSCAR GUILLERMO
STREET ADDRESS 7399 NW 74 ST.
CITY-ST-ZIP MEDLEY FL

TITLE VS ☒ DELETE
NAME GOMEZ, MARIA TERESA
STREET ADDRESS 7399 NW 74 ST.
CITY-ST-ZIP MEDLEY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PTD ☒ Change ☐ Addition
1.2 NAME LOPEZ, OSCAR GUILLERMO
1.3 STREET ADDRESS 561 N.E. 79TH STREET SUITE #202
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33138

2.1 TITLE VS ☒ Change ☐ Addition
2.2 NAME LOPEZ, MARIA TERESA
2.3 STREET ADDRESS 561 N.E. 79TH STREET SUITE #202
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33138

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)