

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

**APPROVED
AND
FILED**

05 MAY 93 14:10:15

SECRETARY OF STATE
TREASURY, ALBANY, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. BARNETT
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # M32455

(1)

L.M.G. REALTY, INC.

Principal Executive Officer: *Mario L. Gonzalez* Mailing Address: *MARIO L. Gonzalez*
C/O PEDRO H. HERNANDEZ C/O PEDRO H. HERNANDEZ
1051 W 29TH ST 1051 W 29TH ST
HIALEAH FL 33012 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Executive Officer		2a. Mailing Address		3. Date of Incorporation or Reincorporation	3a. Date of Last Report
21. State of Incorporation		26. State of Address		5. FFL Number	5a. Additional Fee Required
22. City of Address		27. City of State		59-2733496	\$8.75 Additional Fee Required
23. County of Address		28. County of State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
24. Zip Code		29. Zip Code		7. This corporation has liability for intangible tax under S. 190(3), Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GONZALEZ, MARIO L. 1051 W 29TH STREET HIALEAH FL 33012				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. State			
				FL 85. Zip Code			

11. I, the undersigned, am the principal executive officer of the corporation and I hereby certify that the information furnished herein is true and correct and that the corporation is in compliance with the provisions of the Florida Statutes. The undersigned is a resident of the State of Florida. The undersigned is the principal executive officer of the corporation and I hereby certify that the information furnished herein is true and correct and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS, DIRECTORS, AND OTHER OFFICERS		13. ADDITIONAL CHANGES TO OFFICERS AND OTHER OFFICERS	
1. NAME: PST GONZALEZ, MARIO L. 2. STREET ADDRESS: 1051 W 29TH ST 3. CITY: HIALEAH FL		1. NAME: _____ 2. STREET ADDRESS: _____ 3. CITY: _____	
4. NAME: _____ 5. STREET ADDRESS: _____ 6. CITY: _____		4. NAME: _____ 5. STREET ADDRESS: _____ 6. CITY: _____	
7. NAME: _____ 8. STREET ADDRESS: _____ 9. CITY: _____		7. NAME: _____ 8. STREET ADDRESS: _____ 9. CITY: _____	
10. NAME: _____ 11. STREET ADDRESS: _____ 12. CITY: _____		10. NAME: _____ 11. STREET ADDRESS: _____ 12. CITY: _____	
13. NAME: _____ 14. STREET ADDRESS: _____ 15. CITY: _____		13. NAME: _____ 14. STREET ADDRESS: _____ 15. CITY: _____	
16. NAME: _____ 17. STREET ADDRESS: _____ 18. CITY: _____		16. NAME: _____ 17. STREET ADDRESS: _____ 18. CITY: _____	
19. NAME: _____ 20. STREET ADDRESS: _____ 21. CITY: _____		19. NAME: _____ 20. STREET ADDRESS: _____ 21. CITY: _____	

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not comply for the exemption stated in Section 190(3), Florida Statutes. I further certify that the information included 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 the corporation and I hereby acknowledge to make this report as required by Chapter 190, Florida Statutes, and that my name appears in this filing on block 12 or block 13 or block 14 or on any statement with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FLORIDA DEPARTMENT OF STATE
Division of Corporations
and Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **M34504**

(4)

To: Corporation Name

MAGNA CHARTERS, INC.

Principal Office of Business

1633 NORTH BAYSHORE DRIVE
SLIP #608
MIAMI FL 33132

Mailing Address

1633 NORTH BAYSHORE DRIVE
SLIP #608
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified **06/30/1986** 3a. Date of Last Report **07/28/1994**

2. Principal Office of Business 21. State Apt # etc 22. City & State 23. City & State 24. City & State	2a. Mailing Address 25. State Apt # etc 26. City & State 27. City & State 28. City & State	4. FEI Number 59-2693818	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
		8. This corporation files annually with the Secretary of State a report of its financial condition as required by Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

GALLAGHER, CAROL
1717 N BAYSHORE DR #2339
MIAMI FL 33132

10. Name and Address of New Registered Agent

81. Name **GALLAGHER CAROL**
82. Street Address (P.O. Box Number is Not Acceptable) **8200 Sunset DR.**
83.
84. City **MIAMI** FL 85. Zip Code **33143**

11. Pursuant to the provisions of Sections 607.0202 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

(Signature of person in printed name of registered agent or the corporation)

(Signature of New Registered Agent or person accepting appointment)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PSD	1. TITLE	☐ Change ☐ Addition
2. NAME	GALLAGHER, CAROL	2. NAME	
3. STREET ADDRESS	1633 NORTH BAYSHORE DR.	3. STREET ADDRESS	
4. CITY, ST, ZIP	MIAMI FL	4. CITY, ST, ZIP	
5. TITLE		5. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	
9. TITLE		9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE		17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed reliable for the exemption stated in Section 130.027(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual reports, 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 person or persons responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an other form, with an address.

SIGNATURE:

Carol Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.17.95 303-381-9311
DATE SIGNATURE