

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M32455** (1)

1. Corporation Name

L.M.G. REALTY, INC.



Principal Place of Business

Mailing Address

MARIO L. GONZALEZ Israel V. Ameijeiras
1051 W 29TH ST, Suite #3
HIALEAH FL 33012
US

MARIO L. GONZALEZ Israel V.
1051 W 29TH ST, Suite #3 Ameijeiras
HIALEAH FL 33012
US

3. Date Incorporated or Qualified
05/22/1986

3a. Date of Last Report
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **1051 W 29 ST**

26 **1051 W 29 ST**

22 Suite, Apt. #, etc.
H 3

27 Suite, Apt. #, etc.
H 3

23 City & State
Hialeah, FL

28 City & State
Hialeah, FL

24 Zip
33012

Country
USA

29 Zip
33012

Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, MARIO L. Israel V. Ameijeiras
1051 W. 29TH STREET, Suite #3
HIALEAH FL 33012

81 Name **Israel V. Ameijeiras**

82 Street Address (P.O. Box Number is Not Acceptable)
1051 W 29 ST Suite #3

83

84 City
Hialeah

FL

85 Zip Code
33012

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

Signature, type or print name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

Israel V. Ameijeiras

4/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PST** ☒ DELETE
NAME **GONZALEZ, MARIO L. Israel V. Ameijeiras**
STREET ADDRESS **1051 W 29TH ST, Suite #3**
CITY-ST-ZIP **HIALEAH FL 33012**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Israel V. Ameijeiras**
1.3 STREET ADDRESS **1051 W 29th Street, Suite #3**
1.4 CITY-ST-ZIP **Hialeah, FL 33012**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

3.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

3.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

5.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

6.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.5 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

6.6 CITY-ST-ZIP ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

6.7 CITY-ST-ZIP ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

6.8 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Israel V. Ameijeiras

4/23/96

Date

885-4900

Daytime Phone #

CR2E034 (12/95)