

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M64734** (0)

1. Corporation Name

L.G.I., INC.



Principal Place of Business

**9495 SUNSET DRIVE
SUITE 230
MIAMI FL 33173
US**

Mailing Address

**9495 SUNSET DRIVE
SUITE 230
MIAMI FL 33173
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**IDOYAGA, LYDIA G
6447 SW 16TH ST
MIAMI FL 33155**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
01/13/1988

3a. Date of Last Report
04/25/1995

4. FET Number

65-0023751

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 typed or printed below of registered agent and if not applicable

(P.O. Box Registered Agent signature is not acceptable)

Date

12. OFFICERS AND DIRECTORS

12.1	TITLE	PDT	☐ DELETE
12.2	NAME	IDOYAGA, LYDIA G.	
12.3	STREET ADDRESS	6447 S.W. 16TH ST.	
12.4	CITY-STATE-ZIP	MIAMI FL	
12.5	TITLE	VSD	☐ DELETE
12.6	NAME	PUERTAS, JO ANN R	
12.7	STREET ADDRESS	111 WEST 64TH STREET	
12.8	CITY-STATE-ZIP	HIALEAH FL	
12.9	TITLE		☐ DELETE
12.10	NAME		
12.11	STREET ADDRESS		
12.12	CITY-STATE-ZIP		
12.13	TITLE		☐ DELETE
12.14	NAME		
12.15	STREET ADDRESS		
12.16	CITY-STATE-ZIP		
12.17	TITLE		☐ DELETE
12.18	NAME		
12.19	STREET ADDRESS		
12.20	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	
13.17	TITLE	☐ Change ☐ Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY-STATE-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 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:

Lydia G. Idoyaga

Lydia G. Idoyaga

9/29/96

(305) 273-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)