AMOUNT DUE O	OTICE: CORPORATION WILL BE N OR BEFORE 87/96: \$225 (IF DISS ROFIT PORATION AL REPORT	OLVED, MINIMUM AMOUNT DUE FLORIDA DEPART Sandra B	TO REINSTATE: \$375.) MENT OF STATE Mortham		
–	996	Secretary DIVISION OF CO			
DOCUM		0040400 (0)			
Corporation I	Name # P93000	0042402 (6)			
LGP INV	ESTMENT CORP.			T 1881 1881 118 (BIRB HILL BOHL BOHL	MANUT MANUT MURIA DIARU MINIU ARRIA DIARU
Delegated Change	-(0	NA Trans Additions			
Principal Place of Business 12992 SW 89 AVE		Maiting Address	tre rivers		
MIAMI FL 33176		MIAMI FL 33176	- business die 4/13/96		
		Al	Ha be brising	 Date Incorporated or Qualified 06/15/1993 	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 65-0425741	Applied For
Suite, Apt. #.	etc 200 /4 1400	Suite, Apt # Suite	Q	5. Certificate of Status Desired	Not Appl-cable \$8.75 Additional
City & State		City & States		Germicale of States Besired Election Campaign Financing	Fee Required \$5.00 May Be
3 ///(in Flu	28 V (A	Country	Trust Fund Contribution	Added to Fees
^{Zip} 33	1/26 Dade		30]	8. This corporation has liability fo Florida Statutes	r intangityle fax under s. 199 032, Yes No
D∩D	`9. Name and Address of Curren 'HAM, PEGGY C	nt Registered Agent	81 Name	10. Name and Address of New R	legistered Agent
1340	01 SW 74 AVE		82 Street Addres	ss (PO. Box Number is Not Accepta	able)
MIAI	VI FL 33156		83		
			84 City		FL 85 Zip Code
office or reg agent I am SIGNATURE	gistered agent, or both in the State familiar with, and accept the obligations of the obl	of Florida. Such change was au	thorized by the corporation	ation submits this statement for the list board of directors. I hereby acception to the list board of directors. I hereby acception to the list board of the	pt the appointment as registered P15196 Date
TITLE	PT POPHAM, PEGGY C	DELETE	117016		Change Add tion
NAME STREET ADDRESS	13401 SW 74 AVE		1.2 NAME 1.3 STREET ADORESS		
CITY-ST-ZIP TITLE	MIAMI FL 33156	DELETE	1 4 CITY - ST - ZIP 2 1 T-TLE		Change Addition
NAME			2.2 NAM:		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CHY+ST, ZIP		
TITLE		DELETÉ.	3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CI3Y-SI-ZIP 4.1 TITLE		Change Addition
NAME			4 2 NAME		المتحالات المتحالات
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADORESS 4.4 CITY - ST- ZIP		
THTLE		DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY · ST · ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TiflE		Change Addition
NAME			62 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City - St - ZP		
14. I do hereby further cert	lify that the information indicated or	i triis annual report or supplome	nished and does not qualify ntal annual report is true an	y for the exemption stated in Section id accurate and that my signature st	hall have the same legal effect as if
	or oath that I am an officer or direct me appears in Block 12 or Block 13		t with an address	1	Chapter 617, Florida Statutes, and
SIGNATI		tegaci C.	lophan	/ 7/15/9	6 (305)23.3- 2005
	SIGNATURE AND TYPED O	R PRINTED SUMEOF SIGNING OFFICER	OR DIRECTOR	Oar	ab05