

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 14 1997 8:00am  
Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # P93000043021 (3)**

1. Corporation Name  
**LG COMPOSITES CORP.**



Principal Place of Business  
**3002 SW 2ND AVE.  
FT. LAUDERDALE FL 33315**

Mailing Address  
**1120 SW 6TH STREET  
FT. LAUDERDALE FL 33312-2511  
-U6**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/17/1993</b>   | 3a. Date of Last Report<br><b>02/22/1996</b>           |
| 4. FEI Number<br><b>65-0459992</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |   |
|--------------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address                       |
| 21<br>Suite, Apt. #, etc.      | 26<br><b>3002 S.W. 2<sup>ND</sup> AVE</b> |
| 22<br>City & State             | 27<br>Suite, Apt. #, etc.                 |
| 23<br>Zip                      | 28<br><b>Fort Lauderdale Florida</b>      |
| 24<br>Country                  | 29<br><b>33315</b>                        |
| 25                             | 30<br>Country                             |

9. Name and Address of Current Registered Agent

**GAUDILLAT, LAURENT  
312 NE 7TH AVE  
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)  
**3002 S.W. 2<sup>ND</sup> AVE**

83

84 City **Fort Lauderdale** FL 85 Zip Code **33315**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                | DELETED                  |
|----------------------------|--------------------------------|--------------------------|
| TITLE                      | <b>D</b>                       | <input type="checkbox"/> |
| NAME                       | <b>GAUDILLAT, LAURENT</b>      |                          |
| STREET ADDRESS             | <b>312 NE 7TH AVE</b>          |                          |
| CITY - ST - ZIP            | <b>FT. LAUDERDALE FL 33301</b> |                          |
| TITLE                      |                                | <input type="checkbox"/> |
| NAME                       |                                |                          |
| STREET ADDRESS             |                                |                          |
| CITY - ST - ZIP            |                                |                          |
| TITLE                      |                                | <input type="checkbox"/> |
| NAME                       |                                |                          |
| STREET ADDRESS             |                                |                          |
| CITY - ST - ZIP            |                                |                          |
| TITLE                      |                                | <input type="checkbox"/> |
| NAME                       |                                |                          |
| STREET ADDRESS             |                                |                          |
| CITY - ST - ZIP            |                                |                          |
| TITLE                      |                                | <input type="checkbox"/> |
| NAME                       |                                |                          |
| STREET ADDRESS             |                                |                          |
| CITY - ST - ZIP            |                                |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                       | Change                              | Addition                 |
|---|---------------------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE   |                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |                                       |                                     |                          |
| 1.3 STREET ADDRESS                                    | <b>3002 S.W. 2<sup>ND</sup> AVE</b>   |                                     |                          |
| 1.4 CITY - ST - ZIP                                   | <b>Fort Lauderdale, Florida 33315</b> |                                     |                          |
| 2.1 TITLE   |                                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2.2 NAME  |                                       |                                     |                          |
| 2.3 STREET ADDRESS                                    |                                       |                                     |                          |
| 2.4 CITY - ST - ZIP                                   |                                       |                                     |                          |
| 3.1 TITLE   |                                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3.2 NAME  |                                       |                                     |                          |
| 3.3 STREET ADDRESS                                    |                                       |                                     |                          |
| 3.4 CITY - ST - ZIP                                   |                                       |                                     |                          |
| 4.1 TITLE   |                                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4.2 NAME  |                                       |                                     |                          |
| 4.3 STREET ADDRESS                                    |                                       |                                     |                          |
| 4.4 CITY - ST - ZIP                                   |                                       |                                     |                          |
| 5.1 TITLE   |                                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5.2 NAME  |                                       |                                     |                          |
| 5.3 STREET ADDRESS                                    |                                       |                                     |                          |
| 5.4 CITY - ST - ZIP                                   |                                       |                                     |                          |
| 6.1 TITLE   |                                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.2 NAME  |                                       |                                     |                          |
| 6.3 STREET ADDRESS                                    |                                       |                                     |                          |
| 6.4 CITY - ST - ZIP                                   |                                       |                                     |                          |

14. I do 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.

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

1-06-97 (954) 763,2460  
Date Daytime Phone #

CR2E034 (9/96)