

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 # P94000018597 (2)

1. Corporation Name

L M G E INTERNATIONAL CORP.



Principal Place of Business

6450 NW 55 MANOR
CORAL SPRINGS FL 33067
US

Mailing Address

6450 NW 55 MANOR
CORAL SPRINGS FL 33067
US

2. Principal Place of Business

2a. Mailing Address

21 9755 W. SAMPLE RD
Suite, Apt. #, etc.

26 9755 W. SAMPLE RD
Suite, Apt. #, etc.

22 City & State

27 City & State

23 CORAL SPRINGS, FL

28 CORAL SPRINGS

24 Zip

Country

Zip

Country

25 33065

25 U.S.A.

29 33065

30 U.S.A.

9. Name and Address of Current Registered Agent

BONDY, LUIS
6450 NW 55 MANOR
CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

08/15/1995

4. FEI Number

65-0489158

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

81 Name

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

83

84 City

FL

85 Zip Code

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVSD ☐ DELETE

NAME BONDY, LUIS
STREET ADDRESS 6450 NW 55 MANOR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VTD ☐ DELETE

NAME BONDY, ERIKA I
STREET ADDRESS 6450 NW 55 MANOR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
MIRTHA BONDY
6450 NW 55 MANOR
CORAL SPRINGS, FL 33067

D
LUIS M. BONDY
6450 NW 55 MANOR
CORAL SPRINGS, FL 33067

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

03/19/96 (307) 755-1594

Date

Daytime Phone

CR2E034 (12/95)