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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000018597 (2)

L M G E INTERNATIONAL CORP.

Principal Place of Business		Mailing Address	Mailing Address				( <b>9810)</b> (488)	HEIRI BILLA ISHA	10011501
0755 W. SAMPLE RD. CORAL SPRINGS FL 33065 US		9755 W. SAMPLE RD. CORAL SPRINGS FL 33065-4003 US							
1 -						3. Date Incorporated or Qualified 03/07/1994		ate of Last Re 11/1996	eport
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Ap	oplied For
21		26				65-0489158		No	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
City & State		City & State	City & State					Fee Re	
23	-	<del>  _ ,</del>	28			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip	Country Z <sub>rp</sub>			ntry		This corporation has liability for			
24	25 29 30							□ No	. 100.002,
	g. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered	Agent	
	IDY, LUIS			81	Name				ļ
6450 NW 65 MANOR				82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
B COR	KAL SPRINGS FL 33067			83				<del></del>	
			l	03					ł
-				84	City		FL	<b>85</b> Zip (	Code
11, Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statu	ites, the al	l	e-named co	rporation submits this statement for the	ourpose of	f changing it	is 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					,				ļ
	Signature, typed or printed hame of registered age			d Age	n! signature req	uired when reinstating)	DATE		
12.	PD OFFICERS AND	D DIRECTORS DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR  Change	
TITLE	DOMOV TINO		1.1 TI 1.2 N/					L Change	☐ Addition
NAME STREET ADDRESS	6450 NW 55 MANOR				Apparec				
CITY-ST-ZIP	CORAL SPRINGS FL	1		1.3/STREET ADDRESS   1.4/CITY - ST - ZIP					,
TITLE	VSD	DELFIE	<del></del>	2.1 TillE			·	Change	Addition
NAME	BONDY, MIRTHA	<del></del>	2.2 N						
STREET ADDRESS	6450 NW 55 MANOR		2.3 \$		ADDRESS				Ì
CITY-ST-ZIP	CORAL SPRINGS FL		2 4,0	2 4 CHY-S1-ZIP					
TITLE	TD	☐ DELETE	311	311111.6				Change	Addition
NAME	BONDY, ERIKA I		3.2 N/	ME					]
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS				į
CITY-ST-ZIP	CORAL SPRINGS FL	Dr. cir	3.4.C(TY-:		51 - Z(P				The state of
TITLE		L DELETE	4.1 1		ļ			L Change	☐ Addition
NAME			4.2N						
STREET ADDRESS					ADORESS				1
CITY-ST-ZIP	□ DELETE 5.11			11-7IP			Change	Addition	
NAME	1		5.2 N/						
STREET ADDRESS					ADDRESS				}
CITY-ST-ZIP					1 · ZIP				
TITLE		DELETE	6.1 1					Change	Addition
NAME			62 N	ME	}			-	]
STREET ADDRESS					ADDRESS				,
									Į

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 attraction with an address.

02/2/197 (908)75-1994

**FILED** 

May 02 1997 8:00am

Secretary of State