09011999-90003-006-$150.00-$150.00

CORPORATION ANNUAL REPORT
1999

FILED
00 JAN 21 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018597

1. Corporation Name

LMGE INTERNATIONAL CORP.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 03/07/94

2. Principal Place of Business	2a. Mailing Address
21 8370 W. FLAGLER ST.	26 8370 W. FLAGLER ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 210-B	27 210-B
City & State	City & State
23 Miami, FL	28 Miami, FL
Zip / Country	Zip / Country
24 33144 25 U.S.A.	29 33144 30 U.S.A.

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: MIRTHA BONDY

82 Street Address (P.O. Box Number is Not Acceptable): 10365 W. SAMPLE RD.

83

84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: Mirtha R Bondy (VST) 7/31/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE P ☐ Change ☐ Addition 1.2 NAME LUIS BONDY 1.3 STREET ADDRESS 10365 W. SAMPLE RD. 1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE V,S,T, ☐ Change ☐ Addition 2.2 NAME MIRTHA BONDY 2.3 STREET ADDRESS 10365 W. SAMPLE RD. 2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE V ☐ Change ☐ Addition 3.2 NAME ERIKA BONDY 3.3 STREET ADDRESS 10365 W. SAMPLE RD. 3.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE LS ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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****750.00 ****750.00

14. I 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, with all other like empowered.

SIGNATURE: [signature] 7/31/99 (305)553-6114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LUIS BONDY