FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90114 009 ***158.75

A LEGICE DE LEGICIANES DE LA COMPUNE DE LA C

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000075404**1. Corporation Name

LG ENGINEERING SERVICES, INC.

Principal Place	e of Business	Mailing Address			T \$00/100/ 200 ISON BOOM BOOM BOOM BOOM BOOM BOOM BOOM BO
		13380 SW 131 ST			
#120		#120			BO NOT WORTE IN THE COACE
MIAMI FL 33186		MIAMI FL 33186			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
US		US			1 ·
4 0 / 1 15	Contract of the contract of th	a- Mailing Address			10/12/1994 4. FEI Number Applied For
_ `	pal Place of Business 2a. Mailing Address				65-0550962 Not Applicable
		Suita Ant # ata	Suite, Apt. #, etc.		¢0.75 A 188
}—,					5. Certificate of Status Desired Fee Required
22 27				6. Election Campaign Financing \$5.00 May Be	
<u> </u>	¬,		.		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible
24	25 29 30		1		Personal Property Tax. ☐ Yes ☐ No
2-7	9. Name and Address of Current	<u> </u>	.		10. Name and Address of New Registered Agent
			81	Name	
	CIA, LEO		82	Street	Address (P.O. Box Number is Not Acceptable)
230-	NW 07TH AVENUE 13539	SW 101 LANE	102	Succi	
	- 1-208		83		
MIAN	MIFL 33172 33186		04	Oin.	85 Zip Code
			84	City	FL S Z D O O O O O
11. Pursuant	to the provisions of Sections 607.0502	2 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.					
_	III lattillar with, and accept the congar	10/13 07, 00011017 007.0000, 1 10/130	· Cicitation		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Reg	gistered Agen	t signature r	equired when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE		PRESIDENT La Change Addition
NAME	GARCIA, LEO		1.2 NAME		GARCIA, LEO
STREET ADDRESS	330 West Park Dr #104 —	>	1.3 STREET ADDRESS		13539 5W 101 CANE
CITY-ST-ZIP	MIAMI FL	144			MIAMI, PC. 33/86
TITLE	VPS	☐ DELETE	2.1 TITLE		UP5 . — Change — Addition
NAME	MOHAMAD SONNY SAUEH	_	2.2 NAME		MOHAMAD SONNY SALLEH
STREET ADDRESS	1751 SW 24TH ST		2.3 STREET	ADORESS	2370 6 W 123 AV
CITY-ST-ZIP	MIAMI FL		2.4 CITY-S	T-ZIP	MIAMI, FLORIDA 33175
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		•	3.2 NAME		
STREET ADDRESS		•	3.3 STREET	ADDRESS	Į
CłTY-ST-ZIP			A 4 APR 4 A		
TITLE			3.4. CITY-S	T-ZIP	
1		☐ DELETE	4.1 TITLE	T-ZIP	☐ Change ☐ Addition
NAME	-	☐ DELETE		T-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	-		4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-ST	ADDRESS	
STREET ADDRESS	-	☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE	ADDRESS	Change Addition
STREET ADDRESS CITY-ST-ZIP	-		4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP	
STREET ADORESS CITY-ST-ZIP TITLE	-		4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP ADDRESS	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	-	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-SI	ADDRESS T-ZIP ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	-		4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE	ADDRESS T-ZIP ADDRESS	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-SI	ADDRESS 1-ZIP ADDRESS 1-ZIP	☐ Change ☐ Addition

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP