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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P95000049420 (9)

L & G INSTITUTE, INC.

Mailing Address Principal Place of Business 1401 BRICKELLL AVE., S-300 1401 BRICKELLL AVE., S-300 MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 06/22/1995 4. FLI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3325834 fragel di Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Florida Statutes Yes No 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name WEISS, MICHAEL N ESO Street Address (P.O. Box Number is Not Acceptable) 82 1401 BRICKELLL AVE., S-300 83 MIAMI FL 33131 Zip Code 84 City 85 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. Thereby 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 agont and title if applicable (NOTE: Registeren Agent signature requires when republished ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1. 1 TITLE TITLE ISAYAMA, CHIYO 12 NAME NAME 1401 BRICKELLL AVE., S-300 13 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 14 CHY-\$1-7P CITY-ST-ZIP Change Addition DELETE 2 1 THILE D TITLE AOYAMA, MITSURO 2.2 NAME NAME 1401 BRICKELLL AVE., S-300 STREET ADDRESS 23 STREET ADDRESS MIAMI FL 33131 2.4 CITY - ST - ZIF CITY-ST-ZIP

6.4 CiTy - ST - ZiP 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 anoual 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 13 in changed, or or parallal inherit with an address.

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3.2 NAME

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SIGNATURE:

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MIAMI FL 33131

1401 BRICKELLL AVE., S-300

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

DELETE

DELETE

3-5-96 (305)358-6006

(12/95)CR2E034

Addition

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