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 # P95000073443 (0)

L & G SERVICES, INC.

Principal Place of Business

9755 S.W. 77 TERR.

Mailing Address

8010 S.W. 159 CT.

FILED Feb 17 1997 8:00am Secretary of State



MIAMI FL 3317 US	73	MIAMI FL 33183-3063						
US				3. Date incorporated or Qualified 09/21/1995	3a. Date of Last Report 08/12/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 80(0	SW 159 CT.	26			65-0609738		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 A	
City & Stat	e	City & State		 ,	6. Election Campaign Financing		\$5.00	May Be
23 MIAN	11 FL	28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	1	8. This corporation has liability for i			199.032,
24 3319		29	30			lYes □ N		
	9. Name and Address of Curre	nt Registered Agent	81	1 Name -	10. Name and Address of New Re	gistered Age	nt	
975 SUI	NZALEZ, LOUISE 5 S.W. 77 TERR TE 7B MI FL 33173		62 63	Street Add	dress (P.O. Box Number is Not Acceptab	ole) Suite	F 3	S O
****			84	City			15 Zip C	Code
				COL	AL GAMES	FL	33	134
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the abov	e-named col	rporation submits this statement for the p	urpose of cha	anging its	s registered
agent. La	m familiar with abd ascept the oblig	gations of, Section 607.0505, F	lorida Statute	s.	rporation submits this statement for the p ation's board of directors. I hereby accep	д ию аррони	mon as	e Alerene e o
SIGNATURE	Signature, typed or private name of registered at			_	ulred when reinstating)	1/22/0	17	
				ent signature req		DATE	DEATAG	0.111.40
12. Tille	OFFICERS AF	ND DIRECTORS DELETE	13. 1.1 TITLE	T	ADDITIONS/CHANGES TO OFFIC		Change	X Addition
NAME	DIAZ, JORGE	L DECEM	1.2 NAME	P	we next		Orkingo	CATA MONTON
	8010 S.W. 159 CT.							
STREET ADDRESS	MIAMI FL			ADDRESS				
CITY-ST-ZIP	S	DELETE	1.4 CITY - 1 2.1 TITLE		II CO PROFIBELT		Change	Addition
NAME	GONZALEZ, ALEX		2.2 NAME		The process of the pr	_		X
STREET ADDRESS	9755 S.W. 77 TERR			T ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY -		(e.			
TITLE	P	X DELETE	3.1 VITLE	<u> </u>	······································		Change	Addition
NAME	GONZALEZ, LOUISE		3.2 NAME				,	
STREET ADDRESS	9755 S.W. 77TH TERR.		3.3 STREE	T ADDRESS				
CITY-S1-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP				
TITLE	VP	DELETE	4.1 TITLE				Change	Addition
NAME	DIAZ, GLORIA	• •	4. 2 NAME					
STREET ADDRESS	8010 S.W. 159TH CT.		4.3 STREE	T ADDRESS				
CITY - ST - ZIP	MIAMI FL		4,4 CITY-:	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	. [÷.			
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY~	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS		*	6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY~	ST-ZIP				

14. I do hereby certify that the information supplied with this fling 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 containing 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 of 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 algorithment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR