SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 87/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000073443 (0)

L & G SERVICES, INC.

Principal Place of Business	Mailing Address
8010 S.W. 159 CT.	8010 S.W. 159 CT.
MIAMI FL 33193	MIAMI FL 33193

FILED Jun 01 1998 8:00am Secretary of State



Principal Place	Principal Place of Business Mailing Address					T 1891/881 THE 18181 BAIN BAIN BAIN BAIN BAIN IS NEED TALK BURGE AND 1889					
8010 S.W. 15 MIAMI FL 331			8010 S.W. 159 CT. MIAMI FL 33193								
			_				3. Date Incorporated or Qualified 09/21/1995		e of Last		
	lace of Business	<u> </u>	Mailing Address				4, FEI Number	7	-	Applied For	
21	# ala	26		, 74 ·	13	2 Ave	66-0609738			Not Applice	_
Suite, Apt.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	X		Additional Required	
City & State	9	1	City & Stale	Fc			6. Election Campaign Financing			O May Be	
23	Country	28	MIAMI		untry		Trust Fund Contribution	<u> </u>		d to Fees	
24	25	29	33186	30		SA	8. This corporation has hability for Florida Statutes	intangible t Yes	ax under No	s. 199.032,	'
==	9. Name and Address of Cur	·		30	74	-/1	10. Name and Address of New Re				
DE	VALLE, SANTIAGO				81	Name -					
	I ALMERIA AVE.				82	Street Addre	Sorge DIAZ ess (P.O. Box Number is Not Acceptal	اهاد			
	ITE 7B					1291		PVE.			
1	RAL GABLES FL 33134				83						
		_			84	City			85 Zi	n Code	{
		_)				YVI	iami	FL.		p Code 3/86	
l office or/re	e niste red arrivet or hollous the Sta	ald of Florida	a. Such channe was	: authorizo	d by th	named corpo	pration submits this statement for the pon's board of directors. I hereby accep	urpose of cl	hanging i tment as	ts registere	ed
agent. I(a	m familiar y ith, and accept the ob	Kgahons of,	Section 607.0505, F	lorida Stal	lutes.	po				giotorea	
SIGNATURE	- lorge	<i>'</i> Δ						4/39	198		
12.	Signature Typied of punted name of registerior OFT ICERS /			OTE Hogisten		'signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI	7444		100 IN 10	;
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STREET ADDRESS)		6.3 \$	STREET A	DORESS			6	Λ	
CITY-ST-ZIP		/			CITY-ST-			\mathbf{O}	~ 1	1	
14. I do hereb	y certify that the in contion supp	hed with thy	a filing is voluntarily				ly for the exemption stated in Section	19.07(3)(k)	, Florida :	Statutes. I	

egr on this anitual report or stipplemental annual report is true and accurate and that my signature shall have the same legal effect as if prector of Indicorporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and it chapter 6 on any attachment with an address. further certify that the inforpration indicat made under oath, that I am an efficer or that my name appears iryBlock 12 or Bly

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4430/98 305-255 2023