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 # P9600038557 (0)

CLG INTERNATIONAL CORP.

Principal	Place o	of Busin	ess	
·				_

Mailing Address

9785 WEST RATH PLACE STE 106

FILED Apr 21 1997 8:00am Secretary of State



HIALEAH FL 3	3016		NALEAH FL 33016-4335	31L 100				
						3. Date Incorporated or Qualified 04/30/1996	3a. Date of Last F	Report
	lace of Business	26	. Mailing Address			4. FET Number (05-0625)	2 C A	pplied For
21		26	0.32 4.34 -12			(05-0000)		ot Applicable
Suite, Apt.	₩, O IC.	0.7	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State			City & State		6. Election Campaign Financing		May Be	
23		28	8		Trust Fund Contribution Added to Fee			
Zip	Countr	у	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29		30	Florida Statutes L] Yes Li No 10. Name and Address of New Registered Agent			
GAC	9. Name and Addre	iss of Current Regi	stered Agent	B1	Name	10. Name and Address of New Neg	istered Agent	
	FONTAINEBLEAU BI	VD. STE 171						
	MI FL 33172			82	Street A	ddress (P.O. Box Number is Not Acceptable	e)	
, ,				83				
				84	City		85 Zip	Code
					1		FL	
11. Pursuant office or r agent. I a	to the provisions of Sec registered agent, or both im familiar with, and acc	tions 607.0502 and (n, in the State of Flor ept the obligations o	607.1508, Florida Statu ida. Such change was of, Section 607.0505, Fl	tes, the abov authorized b orida Statute	e-named o y the corpo s.	corporation submits this statement for the publication's board of directors. I hereby accept	urpose of changing i t the appointment as	ts registered registered
SIGNATURE	Signature, typed or printed nan-					equired when reinstating)	DATÉ	
12.		FFICERS AND DIRE		13.	on signatore re	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PTD		DELETE	1.1 TITLE			Change	Addition
NAME	GARCIA, JULIA			1.2 NAME				
STREET ADDRESS	275 FOUNTAINBLE	AU BLVD. SIE 17	n .	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172		DELETE	1.4 CITY- 2 1 TITLE	ST-ZIP		Change	Addition
TITLE NAME			□ nere ic	2.2 NAME	}		L Change	L.J MOUIION []
STREET ADDRESS					ADDRESS			ĺ
CITY-ST-ZIP				2 4 CITY-			:	
TITLE			DELETE	311171.6			☐ Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			DELETE	3.4. CITY-	S1 - ZIP		Change	Addition
TITLE NAME			புவா	4.1 TITLE 4.2 NAME			L_1 change	L_J Adordon
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				4.4 CHY-1				
TITLE			DELETE	5.1 TITLE	-		Change	Addition
NAME				5.2 NAME				
STREET ADDRESS	!			5.3 STREE	ADDRESS			
DITY-ST-ZIP				5.4 C/TY+	\$1 - 7IP			
TITLE			☐ DELĒTE	61 TITLE	İ		☐ Change	☐ Addition
NAME				6.2 NAME	[
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				6.4 CITY - S	51- Z(P			

14. I do 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 logal 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.

4-17-97 305 552-2934