

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **PA6000047441**

1. Corporation Name
L.F.G. Enterprises, Inc.

Principal Place of Business
13207 NW 7Ave.
N. MIAMI, FL 33168

Mailing Address
Same

3. Date Incorporated or Qualified **5/24/96** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0666889	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TANNIE GEORGES 13207 NW 7Ave. N. MIAMI, FL 33168	81. Name Rachel K. moise 82. Street Address (P.O. Box Number is Not Acceptable) 13207 NW 7 Ave 83. City N. MIAMI FL 85. Zip Code 33168

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Rachel K. moise** (NOTE: Registered Agent's signature required when reinstating) DATE **4/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRESIDENT/DIRECTOR	1.2 NAME	
STREET ADDRESS	TANNIE GEORGES	1.3 STREET ADDRESS	
CITY-ST-ZIP	13207 NW 7Ave.	1.4 CITY-ST-ZIP	
	N. MIAMI, FL 33168	2.1 TITLE	☐ Change ☒ Addition
TITLE	☐ DELETE	2.2 NAME	DIRECTOR/PRESIDENT
NAME	LOUIS GEORGES	2.3 STREET ADDRESS	Rachel K moise
STREET ADDRESS	13207 NW 7Ave.	2.4 CITY-ST-ZIP	13207 NW 7Ave.
CITY-ST-ZIP	N. MIAMI, FL 33168	3.1 TITLE	☒ Change ☒ Addition
TITLE	☐ DELETE	3.2 NAME	DIRECTOR/Secretary-Treasurer
NAME		3.3 STREET ADDRESS	LOUIS GEORGES
STREET ADDRESS		3.4 CITY-ST-ZIP	13207 NW 7Ave.
CITY-ST-ZIP		4.1 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	☐ Change ☒ Addition
TITLE	☐ DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	☐ Change ☐ Addition
TITLE	☐ DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: **[Signature]** DATE **4/9/97** DAYTIME PHONE **305) 688 6995**

CR2E034 (9/96)