

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 JUL 21 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048719 (4)

1. Corporation Name
L & G MULTISEVICES, CORP.

Principal Place of Business

Mailing Address

12549 N.W. 10TH PLACE
SUNRISE FL 33323

12549 N.W. 10TH PLACE
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/07/1996

4. FEI Number

65-0673582

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENA, LOTHAR
12549 N.W. 10TH PLACE
SUNRISE FL 33323

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PENA, LOTHAR**
CITY-ST-ZIP **12549 N.W. 10TH PLACE**
SUNRISE FL 33323

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **700002250757-1**
1.3 STREET ADDRESS **-07/29/97--01072--007**
1.4 CITY-ST-ZIP *******165.00 *****165.00**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **PENA, GIULIANA**
CITY-ST-ZIP **12549 N.W. 10TH PLACE**
SUNRISE FL 33323

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 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.

SCC 7-21-97

CR2E034 (4/97)

7-15-97

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DEAR SIR:

IT HAS COME TO OUR ATTENTION
YOUR SECOND NOTICE FOR 1997 FILING OF
OUR CORPORATION:

L & G MULTISERVICES CORP.

796 0000 48719 (A)

SIR, CHANCES ARE THAT THE 1ST NOTICE
EITHER GOT LOST IN THE MAIL OR ELSE
BECAUSE WE HAVE NOT RECEIVED SUCH
DOCUMENT.

IT IS OUR INTENTION TO COMPLY WITH
EVERY RULE AND REGULATION PERTINENT
TO OUR BUSINESS RESPONSIBILITIES WITH
THE STATE OF FLORIDA.

I AM ENCLOSED A CHECK FOR \$ 165.00
AS FILING FEE FOR THE 1997 PERIOD
PLEASE ACCEPT OUR APOLOGY FOR ANY
INCONVENIENCE IT MAY HAVE CAUSED.

REGARDS,

