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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000097359 1. Corporation Name

L & G INVESTORS, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90217 020 ***150.00



Principal Place of Business Mailing Address							
BRISTOL TOWER, PENTHOUSE 3802 2127 BRICKELL AVENUE MIAMI FL 33133 BRISTOL TOWER, PENTHO 2127 BRICKELL AVENUE MIAMI FL 33133 MIAMI FL 33133			JSE 3602		DO NOT WRITE IN THIS	SPACE	
WITHWITE GOTOD	•	12 00/00			3. Date Incorporated or Qualifed 11/19/1998		
2. Principal Place of Business	22	a, Mailing Address			4. FEI Number		Applied For
21	26]			65-0836544	1	Not Applicable
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zìp	Country	Zip	Country	/	8. This corporation owes the current year Int	angible	
	25 29		10		Personal Property Tax.		
	Address of Current Regi		<u> </u>		10. Name and Address of New Registered	Agent	
<u> </u>			81	Name			
M & W AGENTS, II 2101 CORPORATE		82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
SUITE 107			83	-			
BOCA RATON FL 3	S3131		84	City		85 Zij	p Code
			07) Sity	FL	. ` -	
agent. I am familiar with, a SIGNATURE	or both, in the State of Flor and accept the obligations o	of, Section 607.0505, Florida	Statutes	nt signature require	on's board of directors. I hereby accept the appoint the appoint of the appoint o		
12.	OFFICERS AND DIR	RECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT	1D DIREC	TORS IN 12
TITLE DD		☐ DELETE	1.1 TITLE			☐ Chang	ge
NAME A 370	s leo	ام .	1.2 NAME				ĺ
STREET ADDRESS	Ourse Addi	s, Brustol To	W. UASE	T ADDRESS	•		-]
CITY-ST-ZIP	73 134	, ~	1.4 CITY-5	ST-ZIP	_		
TITLE	1 76 30 101	DELETE	2.1 TITLE			☐ Chang	e 🗌 Addition
NAME VTD MO	HETA, GLARIA		2.2 NAME			_	
STREET ADDRESS 2127 3	RICKELL AND	, BRISTOL TOU	23 STREE	T ADDRESS			}
CITY-ST-ZIP M Ann	A. 3312	.4	2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Chang	ge Addition
NAME			3.2 NAME		•		
STREET ADORESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-:	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	ge
NAME		Ì	4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADORESS			
CITY-ST-ZIP			4.4 CITY-5	ST- ZIP			
TITLE		☐ DELETE	51 TITLE			☐ Chang	ge Addition
NAME			5.2 NAME			,	
STREET ADDRESS		,	5.3 STREE	T ADDRESS			ľ
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge Addition
NAME			6.2 NAME				ŀ
STREET ADDRESS			6.3 STREE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP			ŀ
O111-01-51				1			

14. I 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 other attachment with an appears with all other like empowered.

SIGNATURE:

TESTIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-576-3600