

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S28481 (7)

1. Corporation Name

NGLC, INC.

Principal Place of Business

3275 NW 79TH ST
MIAMI FL 33147
US

Mailing Address

3275 NW 79TH ST
MIAMI FL 33147
US



3. Date Incorporated or Qualified
01/30/1991

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0241192

Applied For

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, NINA S.
1221 BRICKELL AVE #2500
MIAMI FL 33131

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: Agent or principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WILCOX, THADDEUS
STREET ADDRESS 3275 NW 79TH ST
CITY-STATE-ZIP MIAMI FL

DELETE

TITLE D
NAME REEVES, GARTH
STREET ADDRESS 900 NW 54TH ST
CITY-STATE-ZIP MIAMI FL

DELETE

TITLE D
NAME ARMSTRONG, WILLIAM
STREET ADDRESS 1200 N FEDERAL HWY
CITY-STATE-ZIP HOLLYWOOD FL

DELETE

TITLE DS
NAME ADKINS, WAYMAN
STREET ADDRESS 701 SE OKEECHOBEE RD
CITY-STATE-ZIP HIALEAH FL

DELETE

TITLE D
NAME PHILLIPS, ROY D
STREET ADDRESS 12725 SW 218 ST
CITY-STATE-ZIP GOULDS FL

DELETE

TITLE D
NAME WATSON, PAMELA
STREET ADDRESS 20401 NE 2 AVE, STE 300
CITY-STATE-ZIP MIAMI FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Aguirre

6/20/96 135296-0700

CR2E034 (3/96)