FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:21

DOCUMENT # 633453 (6)

1. Corporation Name:
MAGNA CARTA, INC.

Principal Place of Business	Mailing Address
%MIKE SEGAL,BROAD&CASSEL COURTHOUSE CENTER 175 NW 1 AVE. SUITE 2000 MIAMI FL 33128-9965	%MIKE SEGAL,BROAD&CASSEL COURTHOUSE CENTER 175 NW 1 AVE. SUITE 2000 MIAMI FL 33128-9965

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1979
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business	2a. Mailing Address
21 Mike Segal, Broad and Cassel	26 201 South Biscayne Bldv.
Suite, Apt. #, etc. 22 201 S. Biscayne Blvd. Suite 3000 MIAMA Center	Suite, Apt. #, etc. 27 Suite 3000, Missi Center
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

4. FEI Number: 59-1968214 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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
SEGAL, PHILIP M BROAD&CASSEL,COURTHOUSE CENTER 175 NW FIRST AVENUE SUITE 2000 MIAMI FL 33128-9965	81 Name: Segal, Philip M. Broad and Cassel, Miami Center 82 Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne Blvd, Suite 3000 83 84 City: Miami FL 85 Zip Code: 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT Required if prior corporation report filed electronic)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	☐ Change ☐ Addition
NAME	SEGAL, PHILIP M.	12 NAME	
STREET ADDRESS	175 NW 1 AVE. SUITE 2000	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	COHEN, HENRY	22 NAME	
STREET ADDRESS	175 NW 1 AVE. SUITE 2000	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	COHEN, GAIL	32 NAME	
STREET ADDRESS	175 NW 1 AVE. SUITE 2000	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (we) hereby certify that the information indicated on this report or supplemental 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 1, 2 or Block 14 if I have changed, added or deleted myself.

SIGNATURE: Gail Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

February 10/95 (DATE)

305-864-6699 (Daytime Phone Number)

0200003 CP