FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G02916** **(6)**

1. Current Name:
MGM ADVERTISING AGENCY, INC.

Principal Place of Business:
1200 WEST 49TH STREET
HIALEAH FL 33012

Mailing Address:
1200 WEST 49TH STREET
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1982**
3a. Date of Last Report: **05/01/1994**

2. New Principal Address:
21

2a. Mailing Address:
26

4. FEI Number: **59-2236887** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23

City & State
28

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

Zip 24 | County 25 | Zip 29 | County 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

MACHADO, GUS
1200 WEST 49TH ST.
HIALEAH FL 33012

10. Name and Address of New Registered Agent

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 Section 607.0501, 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

12. OFFICERS AND/OR DIRECTORS

TITLE: **DP**
NAME: **MACHADO, GUS**
STREET ADDRESS: **1200 WEST 49TH ST.**
CITY-ST-ZIP: **HIALEAH FL**

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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14. To the best of my knowledge and belief, the information supplied with this report is complete, accurate and true. I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the name appears in Block 12 or Block 13 above is current, and any changes to it have been reported.

SIGNATURE: President 4/26/95 (305)822-3211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001220 CP