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Feb 18 1997 8:00am

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MGR INTERNATIONAL, CORP.

Principal Place of Business Mailing Address 15543 S.W. 113 STREET 2315 NW 107 AVENUE 1 MOS. BOX 30***************** MIAMI FL 33196-4332 MIAMI FL 33172 3. Date incorporated or Qualified 3a. Date of Last Report 06/21/1995 03/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0590737 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Z_{P} Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🗶 Yes 🔲 No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHAINANI, MOHAN N 15543 S.W. 113 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33196 83 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. Lam 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition TITLE D DELETE 1.1 TITLE CHAINANU RESHMA NAME CHAMANI, MOHAN 1.2 NAME P2E034 15543 SW 118 ST 15543 S.W. 113 STREET 1.3 STREET ADDRESS STREET ADORESS MIAMI JIA 33196 **MIAMI FL 33196** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TELE HOHIMANU GOBINA NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS MONTEGO BAY, JAHAICA 2. 4 CITY-ST-21P CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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