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95 MAY -1 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000086439 (4)

1. Corporation Name
MAGIC CUTTING TIP CORP.

Principal Place of Business Mailing Address
7075 NW 74 STREET 7075 NW 74 STREET
MEDLEY FL 33166 MEDLEY FL 33166

500001479895
-05/09/95--01012--022
***200.00 ***200.00
DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
11/29/1994
4. FEI Number Applied For
#165-0560061 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
AGUILERA, ANTONIO M
815 PONCE DE LEON BLVD
CORAL GABLES FL 33134
JLR

10. Name and Address of New Registered Agent
81 Name J.E.M. WELDING SERVICE, INC
82 Street Address (P.O. Box Number is Not Acceptable)
7075 NW 74 ST.
83
84 City MIAMI FL 85 Zip Code 33166

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 _____ NOTE: Registered Agent signature required when registering DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D / PRES
NAME	RICARDO, MARVIN
STREET ADDRESS	7075 NW 74 STREET
CITY - ST - ZIP	MEDLEY FL 33166
TITLE	D / SEC / TREAS.
NAME	REGALADO, JORGE
STREET ADDRESS	7075 NW 74 STREET
CITY - ST - ZIP	MEDLEY FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ricardo, Marvin	
1.3 STREET ADDRESS	7075 N.W. 74 street	
1.4 CITY - ST - ZIP	medley, FL 33166	
2.1 TITLE	VP / DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Regalado, Jose A	
2.3 STREET ADDRESS	7075 N.W. 74 street	
2.4 CITY - ST - ZIP	medley, FL 33166	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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)(b), 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 on an attachment with an address.

SIGNATURE: Marvin Ricardo (Signature) 2-23-95 (305) 895-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Captain/Share #