

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 REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 SEP -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086439

1. Corporation Name

Magic Cutting Tip Corp.

Principal Place of Business

Mailing Address

677 West 26 Street
Hialeah FL 33010

300001946093

-09/12/96--01094--006

****225.00 ****225.00

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number

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

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 Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 of Registered Agent

(NOTE: Registered Agent signature required when reinstating)

8/6/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

President
Marvin Ricardo
313 Florida Blvd
MIA 33144

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice President
Jose A. Regalado
10320 SW 50 Ter
MIA FLA 33165

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP

161 TITLE 162 NAME 163 STREET ADDRESS 164 CITY-ST-ZIP

171 TITLE 172 NAME 173 STREET ADDRESS 174 CITY-ST-ZIP

181 TITLE 182 NAME 183 STREET ADDRESS 184 CITY-ST-ZIP

191 TITLE 192 NAME 193 STREET ADDRESS 194 CITY-ST-ZIP

201 TITLE 202 NAME 203 STREET ADDRESS 204 CITY-ST-ZIP

211 TITLE 212 NAME 213 STREET ADDRESS 214 CITY-ST-ZIP

221 TITLE 222 NAME 223 STREET ADDRESS 224 CITY-ST-ZIP

231 TITLE 232 NAME 233 STREET ADDRESS 234 CITY-ST-ZIP

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321 TITLE 322 NAME 323 STREET ADDRESS 324 CITY-ST-ZIP

331 TITLE 332 NAME 333 STREET ADDRESS 334 CITY-ST-ZIP

341 TITLE 342 NAME 343 STREET ADDRESS 344 CITY-ST-ZIP

351 TITLE 352 NAME 353 STREET ADDRESS 354 CITY-ST-ZIP

361 TITLE 362 NAME 363 STREET ADDRESS 364 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)(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, 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 of this filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 (305) 8857323

CR2E034 (3/96)