

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **588223** (8)

1. Corporation Name  
**M.G.T.B. CORPORATION**



Principal Place of Business: **305 NW 12TH AVE. MIAMI FL 33128**  
Mailing Address: **305 NW 12TH AVE. MIAMI FL 33128**

3. Date Incorporated or Qualified: **10/02/1978**  
3a. Date of Last Report: **04/21/1995**  
4. FID Number: **59-2176375** 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. 193.032 Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent  
**KAINE, LAWRENCE F.  
305 NW 12TH AVE.  
MIAMI, FL M 33128**

81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. City: 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0102 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0104, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE: <b>PD</b>	12. NAME: <b>GONZALEZ, MARIANO</b>	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS: <b>170 NE 29TH ST.</b>	12. STREET ADDRESS: <b>MIAMI FL</b>	13. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. CITY, ST, ZIP: <b>MIAMI FL</b>	12. CITY, ST, ZIP: <b>MIAMI FL</b>	14. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE: <b>VD</b>	12. NAME: <b>BERMUDEZ, TOMAS</b>	15. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS: <b>170 NE 29TH ST.</b>	12. STREET ADDRESS: <b>MIAMI FL</b>	16. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. CITY, ST, ZIP: <b>MIAMI FL</b>	12. CITY, ST, ZIP: <b>MIAMI FL</b>	17. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE: <b>STD</b>	12. NAME: <b>GONZALEZ, ISABEL</b>	18. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS: <b>170 NE 29TH ST.</b>	12. STREET ADDRESS: <b>MIAMI FL</b>	19. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. CITY, ST, ZIP: <b>MIAMI FL</b>	12. CITY, ST, ZIP: <b>MIAMI FL</b>	20. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE: <input type="checkbox"/> DELETED	12. NAME: <input type="checkbox"/> DELETED	21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS: <input type="checkbox"/> DELETED	12. STREET ADDRESS: <input type="checkbox"/> DELETED	22. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. CITY, ST, ZIP: <input type="checkbox"/> DELETED	12. CITY, ST, ZIP: <input type="checkbox"/> DELETED	23. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE: <input type="checkbox"/> DELETED	12. NAME: <input type="checkbox"/> DELETED	24. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS: <input type="checkbox"/> DELETED	12. STREET ADDRESS: <input type="checkbox"/> DELETED	25. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. CITY, ST, ZIP: <input type="checkbox"/> DELETED	12. CITY, ST, ZIP: <input type="checkbox"/> DELETED	26. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE: <input type="checkbox"/> DELETED	12. NAME: <input type="checkbox"/> DELETED	27. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS: <input type="checkbox"/> DELETED	12. STREET ADDRESS: <input type="checkbox"/> DELETED	28. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. CITY, ST, ZIP: <input type="checkbox"/> DELETED	12. CITY, ST, ZIP: <input type="checkbox"/> DELETED	29. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)(a), Florida Statutes. I further certify that the information included on this 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 created in block 12 with an address.

SIGNATURE: *Mariano Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96

CR2E034 (12/95)