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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 588223 1. Corporation Name M.G.T.B. CORPORATION					
Principal Place of Business 305 NW 12TH AVE. MIAMI, FL 33140		Mailing Address 305 NW 12TH AVE. MIAMI, FL 33140			
2. Principal Place of Business 21 170 N.E. 29th Street Suite, Apt. #, etc.		2a. Mailing Address 26 170 N.E. 29th Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/02/1978	
22 City & State 23 Miami, Florida 33137 Zip Country		27 City & State 28 Miami, Florida 33137 Zip Country		4. FEI Number 59-2176375	
24		25		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent KANE, LAWRENCE F. 885 NW 14TH AVE. MIAMI, FL 33142			10. Name and Address of New Registered Agent 81 Name GONZALEZ, MARIANO 82 Street Address (P.O. Box Number is Not Acceptable) 170 N.E. 29th Street 83 84 City Miami, FL 85 Zip Code 33137		
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 <i>[Signature]</i> DATE 3/18-99					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I hereby certify that the information supplied with this filing 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)