

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shecha B. Murphree
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **633453** (6)

1. Corporation Name
MAGNA CARTA, INC.



Principal Place of Business: **MIKE SEGAL, BROAD AND CASSEL, 201 S BISCAYNE BLVD., STE 3000 MIAMI CNT, MIAMI FL 33131 US**

Mailing Address: **201 SOUTH BISCAYNE BLVD, SUITE 3000, MIAMI CENTER, MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **08/22/1979**

3a. Date of Last Report: **02/21/1995**

4. FET Number: **59-1968214**

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

2. Principal Place of Business: 21 State Apt. No. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 State Apt. No. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**SEGAL, PHILIP M
BROAD AND CASSEL, MIAMI CENTER
201 S BISCAYNE BLVD., SUITE 3000
MIAMI FL 33131**

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 607.0607 and 607.1909, 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 a registered agent. I am familiar with and accept the obligations of Section 607.0607, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

AS	NAME: SEGAL, PHILIP M.	ADDRESS: 175 NW 1 AVE. SUITE 2000 MIAMI FL	<input type="checkbox"/> DELETE
PD	NAME: COHEN, HENRY	ADDRESS: 175 NW 1 AVE. SUITE 2000 MIAMI FL	<input type="checkbox"/> DELETE
SD	NAME: COHEN, GAIL	ADDRESS: 175 NW 1 AVE. SUITE 2000 MIAMI FL	<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PD COHEN, ENRIQUE
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I 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)(g), 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 as appears in Block 12 or Block 13 is changed, deleted or an attachment with an address.

SIGNATURE: **HENRY COHEN**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 1996

CR2E034 (12/95)