

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90136 023 \*\*\*150.00

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DOCUMENT # 633453

1. Corporation Name  
MAGNA CARTA, INC.

Principal Place of Business  
MIKE SEGAL BROAD ADN 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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1979

4. FEI Number

59-1968214

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE  
NAME SEGAL, PHILIP M.  
STREET ADDRESS 175 NW 1 AVE. SUITE 2000  
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE  
NAME COHEN, ENRIQUE  
STREET ADDRESS 175 NW 1 AVE. SUITE 2000  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE  
NAME COHEN, GAIL  
STREET ADDRESS 175 NW 1 AVE. SUITE 2000  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME 201 S. BISCAYNE BLVD., SUITE 3000  
1.3 STREET ADDRESS MIAMI, FL 33131  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME 201 S. BISCAYNE BLVD., SUITE 3000  
2.3 STREET ADDRESS MIAMI, FL 33131  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME 201 S. BISCAYNE BLVD., SUITE 3000  
3.3 STREET ADDRESS MIAMI, FL 33131  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: ENRIQUE COHEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20/99 305-373-7400  
Date Daytime Phone #

CR2E034 (11/98)