FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 28 PM 6:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **685213** **(1)**

1. Corporation Name
M.F.G., INC.

Principal Place of Business	Mailing Address
3811 N.E. 2ND AVE. MIAMI FL 33137	3811 N.E. 2ND AVE. MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1980
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business
21: 222 SW 15 Road
22: Suite, Apt. #, etc.
23: City & State: Miami, FL
24: Zip: 33129
25: County: USA

2a. Mailing Address
26: 222 SW 15 Road
27: Suite, Apt. #, etc.
28: City & State: Miami, FL
29: Zip: 33129
30: County: USA

4. FEI Number: 59-2039973 ☐ 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

9. Name and Address of Current Registered Agent

ADRIANI, CHRISTINE
3811 N.E. 2ND AVE
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 222 SW 15 Road
83
84 City: Miami, **FL** 85 Zip Code: 33129

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	ADRIANI, MARIO	12 NAME		
STREET ADDRESS	3811 NE 2ND AVE	13 STREET ADDRESS	222 SW 15 Road	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL 33129	
TITLE	VST	21 TITLE		☒ Change ☐ Addition
NAME	ADRIANI, CHRISTINE	22 NAME		
STREET ADDRESS	3811 NE 2ND AVE	23 STREET ADDRESS	222 SW 15 Road	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33129	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	ADRIANI, CHRISTINE	32 NAME		
STREET ADDRESS	3811 NE 2ND AVE	33 STREET ADDRESS	222 SW 15 Road	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33129	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: _____ 4/3/95 (305) 858-8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Christine Adriani, VST

0144082 CP