

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F62301 (9)

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

Principal Place of Business  
21332 W DIXIE HWY  
NORTH MIAMI BEACH FL 33180  
US

Mailing Address  
P. O. BOX 519  
HALLANDALE FL 33008  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2164772	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOISES GORIN 21332 W DIXIE HWY NORTH MIAMI BEACH FL 33180		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	VS
NAME	GORIN, MENDEL	1.2 NAME	GORIN, MENDEL
STREET ADDRESS	2200 SW 84TH AVE	1.3 STREET ADDRESS	21332 WEST DIXIE HIGHWAY
CITY-ST-ZIP	MIRAMAR FL 33025	1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33180
TITLE	DP	2.1 TITLE	DP
NAME	GORIN, MOISES	2.2 NAME	GORIN, MOISES
STREET ADDRESS	2200 SW 84TH AVE	2.3 STREET ADDRESS	21332 WEST DIXIE HIGHWAY
CITY-ST-ZIP	MIRAMAR FL 33025	2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33180
TITLE	DVT	3.1 TITLE	DVT
NAME	GORIN, JUAN	3.2 NAME	GORIN, JUAN
STREET ADDRESS	2200 SW 84TH AVE	3.3 STREET ADDRESS	21332 WEST DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI FL 33025	3.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33180
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

*Moses Gorin*

1/30/98 305-937-190

CR2E034 (10/97)