

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005524 (3)

1. Corporation Name
MG TRANSPORTATION CORP.



Principal Place of Business BLDG S-1500, PERIMETER RD PALM BEACH INTERNATIONAL AIRPORT WEST PALM BEACH FL 33406 US	Mailing Address % GRUSS & CO. 800 THIRD AVE. NEW YORK NY 10022-4728
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/25/1994	3a. Date of Last Report 03/13/1996
4. FEI Number 65-0524076		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent GRUSS, MARTIN 1500 PERIMETER ROAD W. PALM BEACH FL 33406		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	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUSS, MARTIN	1.2 NAME	
STREET ADDRESS	11707 MAIDSTONE DR.	1.3 STREET ADDRESS	243 CLARKE AVENUE
CITY-ST-ZIP	WEST PALM BEACH FL 33414	1.4 CITY-ST-ZIP	WEST PALM BEACH FLA 33480
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUBERMAN, HOWARD	2.2 NAME	
STREET ADDRESS	800 THIRD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Howard Guberman **REQUIRED** 2/11/97 242 688-1500

CR2E034 (9/96)