

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

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AND
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95 MAY -1 PH 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G49802 (3)

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

Principal Place of Business Mailing Address

P.O. BOX 140668 P.O. BOX 140668
CORAL GABLES FL 33114-7668 CORAL GABLES FL 33114-7668
US US

2. Principal Place of Business 2a. Mailing Address

21 222 SW 15 Road 26 222 SW 15 Road
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 Miami, FL 28 Miami, FL
Zip Country Zip Country
24 33129 25 USA 29 33129 30 USA

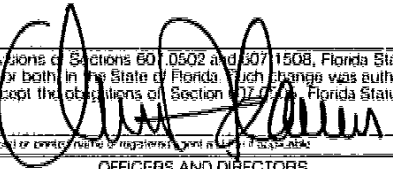
9. Name and Address of Current Registered Agent

M.J.F. REGISTERED AGENT CORP.
153 SEVILLA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

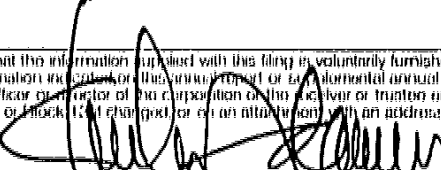
81 Name Christine Adriani c/o M.F.G.
82 Street Address (P.O. Box Number is Not Acceptable) 222 SW 15 Road
83
84 City Miami FL 85 Zip Code 33129

11. Pursuant to the provisions of Sections 601.0502 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 607.011, Florida Statutes.

SIGNATURE  5-9-95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	ADRIANI, MARIO	1.2 NAME	
STREET ADDRESS	3811 N.E. 2 AVE.	1.3 STREET ADDRESS	222 SW 15 Road
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	Miami, FL 33129
TITLE	DTV	2.1 TITLE	☒ Change ☐ Addition
NAME	MASTELLI, ARTURO	2.2 NAME	
STREET ADDRESS	3811 NE 2ND AVE.	2.3 STREET ADDRESS	222 SW 15 Road
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	Miami, FL 33129
TITLE	DS	3.1 TITLE	☒ Change ☐ Addition
NAME	ADRIANI, CHRISTINE	3.2 NAME	
STREET ADDRESS	3811 N.E. 2 AVE.	3.3 STREET ADDRESS	222 SW 15 Road
CITY, ST, ZIP	MIAMI FL	3.4 CITY, ST, ZIP	Miami, FL 33129
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	BENZONI, VALERI	4.2 NAME	
STREET ADDRESS	3811 NE 2ND AVE.	4.3 STREET ADDRESS	222 SW 15 Road
CITY, ST, ZIP	MIAMI FL	4.4 CITY, ST, ZIP	Miami, FL 33129
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	100001485391
CITY, ST, ZIP		5.4 CITY, ST, ZIP	-05/12/95--01026--010
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	****208.75 ****208.75
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information was prepared for this annual report or biennial 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 407, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or as an addition, with an address.

SIGNATURE:  4/3/95 (305) 858-8242

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
Christine Adriani, DS