

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

• CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **J73751** (6)  
1. Corporation Name  
**MGS INVESTMENTS CORP.**

MAY 11 AM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **49 MAJORCA AVENUE APT. #203 CORAL GABLES FL 33134**  
Mailing Address: **49 MAJORCA AVENUE APT. #203 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/21/1987** 3a. Date of Last Report: **02/25/1994**  
4. FEI Number: **59-2826057** 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  
6. This corporation has applied for incorporation in other Florida States:  Yes  No

21. Principal Place of Business: **Same** 26. Mailing Address: **Same**  
22. City and State: **Same** 27. State and Zip: **Same**  
23. City and State: **Same** 28. State and Zip: **Same**  
24. City and State: **Same** 29. State and Zip: **Same**

9. Name and Address of Current Registered Agent  
**GARCIA-VIDAL, RAOUL  
COLUMBUS CENTER, STE. 1450  
1 - ALHAMBRA PLAZA  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81. Name: **GELB, MONROE**  
82. Street Address (P.O. Box Number or Post Office): **3400 SW 37th AVE.**  
83. City: **MIAMI** FL 85. State: **33145**

11. I, the undersigned, certify that the information furnished and shown on this report is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation. I hereby accept the appointment as registered agent for the corporation.  
*Monroe Gelb* **3/19/95**

12. OFFICERS AND DIRECTORS

NAME	DS GRANDA, MAGDA S. 49 MAJORCA AVENUE #203 CORAL GABLES FL
NAME	DP GRANDA, MAGDA A. 49 MAJORCA AVENUE #203 CORAL GABLES FL
NAME	VP MAGDA, S. GRANDA 49 MAJORCA AVENUE #203 CORAL GABLES FL
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONAL OFFICERS, TO OFFICERS, AND DIRECTORS (If any)

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove

14. I, the undersigned, certify that the information supplied on this form is voluntarily furnished and shown on this report for the corporation (including any fees) to the Secretary of State. I further certify that the information indicated on the attached report of supplemental annual reports, true and correct, and that the corporation shall have the same reported to and may be verified by the Secretary of State. I hereby accept the appointment as registered agent for the corporation. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation.

SIGNATURE: *Magda S. Granda*  
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR

**3/19/95 (305) 876-0836**