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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K62604

FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90006 011 ***150.00

 Corporation 	n Name				1		
M. G. OVERSEAS CORP.					1 100)Bill bip diels 110(0 Alli) Abite aras de	(BI) B(B)) GIĐN ĐỊCH (ia (1 0 10 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
6146 NW 74TH AVENUE 6146 NW 74TH AVENUE MIAMI FL 33166 MIAMI FL 33166					DO NOT MUITE IN T	THE CDACE	
					DO NOT WRITE IN T	MIS SPACE	
					3. Date Incorporated or Qualifed 02/01/1989		
6 D : 1 1 1 D	(During and American	2a. Mailing Address			4. FEI Number	· An	olied For
2. Principal Place of Business 17/90 N.W. 52 St. 26 26			211	2	65-0097215	- -	Applicable
Suite, Apt.		Suite, Apt. #, etc.	(,		5. Certifcate of Status Desired	\$8.75 A	dditional
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 HRO	mi, TONCA	28	(1		Trust Fund Contribution	Added to) Fees
Zip Country Zip 24 33166 25 29 ((30			Count	ry	8. This corporation owes the current year		□No
$\frac{24}{3}$ $\frac{3166}{25}$ $\frac{29}{29}$ $\frac{1}{29}$ $\frac{1}{29}$					Personal Property Tax. 10. Name and Address of New Registe		
	5. Name and Address of Control	nt Registered Agent	8	1 Name	10. Hallo dila Address of Hely Registe		
GUZMAN, JESUS 5336 SW 153 CT MIAMI FL 33185			8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
			8	13			
			8	4 City		FL 85 Zip C	ode
					poration submits this statement for the purpos		aistarad
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE. ND DIRECTORS	. Registered A	gent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS	·	RS IN 12
TITLE	Р	☐ DELETE	1.1 TITL			☐ Change	Addition
NAME	GUZMAN, JESUS		1.2 NAM	E			
STREET ADDRESS	5336 SW 153RD COURT		. 1.3 STRI	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33185		1.4 CITY	-ST-ZIP			· ·
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	GUZMAN, MARINELA		2.2 NAM	E			
STREET ADDRESS	AL		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	CARACAS, VENEZUELA		2. 4 CIT	/-ST-ZIP			
TITLE	D	DELETE	3.1 TITL	■ [☐ Change	Addition
NAME	GUZMAN, MANUEL		3.2 NAM	E			
STREET ADDRESS	AVENIDA URDANETA		3.3 STR	EET ADORESS			
CITY-ST-ZIP	CARACAS, VENEZUELA		3.4. CIT	/-ST-ZIP			
TITLE		☐ DELETE	4.1 TITU			Change	Addition
NAME	[4. 2 NAN	1			
STREET ADDRESS			4.3 STR	EET ADORESS			
CITY-ST-ZIP		F-1		-ST-ZiP		Chonco	☐ Addition
TITLE		DELETE	5.1 TITL			☐ Change	☐ Addition
NAME			5.2 NAW				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			5.4 CITY			Change	Addition
TITLE		☐ DELETE	6 1 TITL	1		☐ Cliange	☐ Addition
NAME			6.2 NAM				
STREET ADDRESS				EET 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-99 305-597-9490