FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 23 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K81947 (9)

1. Corporation Name
MWG COMPANY, INC.

Principal Place of Business	Mailing Address
10655 S.W. ~~185~~ 183 TERR P.O. BOX 971202 MIAMI FL 33197	10655 S.W. 185 TERR P.O. BOX 971202 MIAMI FL 33197

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1989
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21 10655 SW 185 terr	26 P.O. Box 97-1202
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Fl.	City & State 28 Miami, Fl.
Zip 24 33157 Country 25 U	Zip 29 33197 Country 30

4. FEI Number: 65-0207998 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANE, PAUL J. 5310 NW 33 AVE STE 100 FT. LAUDERDALE FL 33309	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 _____ 1-12-94
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	P	11 TITLE	P ☒ Change ☐ Addition
NAME	~~GWINN, SR., MACK W.~~ GWINN, JEAN	12 NAME	GWINN, JEAN
STREET ADDRESS	626 E. RIDGE VILLAGE DR.	13 STREET ADDRESS	626 E. RIDGE VILLAGE DR.
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL.
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SCHEER, NED C.	22 NAME	
STREET ADDRESS	17500 S.W. 92RD AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ned C. Scheer 1-12-94 1-305-253-8323
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0431106 PP