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

PROFIT CORPORATION ANNUAL REPORT

1998

一次の選手を整理を表するとはないというなど、他になってい



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K87249

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M.A.F.G. ENTERPRISES, INC.

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**FILED** 

Apr 24 1998 8:00am

Secretary of State

Werter	a. En l'Enrhises, inc.				A (A )
Dringled Disc	o of Ducinosa	Mailing Address	<del></del>	-{	BLDII BIGII \$1811 SLBII BYRII 1911
Principal Place of Business		Mailing Address			
8001 NW 68 STREET Miami Fl 33168		8601 N.W. 68TH ST. 1730 N. 47TH AVE.			
US		MIAMI FL 33166		DO NOT WRITE IN TH	IS SPACE
		US		3. Date Incorporated or Qualified	<u> </u>
	_			05/10/1989	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 269C	S PARK RD	26 2690 S	ARK RD	65-0118350	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 BHY	#10	27 BAY#18	2	U. COMMODIO OF CHARGO COMICO	Fee Required
City & State		City & State	0001 F1	6. Election Campaign Financing	\$5.00 May Be
	ROKE PARK FI		PARK FL	Trust Fund Contribution	Added to Fees
Zip 2.2 ∧₁	Country	29 33009	Country	8. This corporation owes or has paid the	' '
24 330	Name and Address of Curre		30 0 5	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes X No
				ID. Harrie and Address of Herr Hegrstere	an Libetit
CACHON, ANUNE					
1730 N. 47TH AVE.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MU	DLLYWOOD FL 33021		83		
			"		
			84 City	F	85 Zip Code
44 Personant	to the provisions of Costions 607.04	02 and 607 1609. Florida Statula	the phone perced corps		
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. La	m familiar with, and accept the obliq	gations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Signature, lyped or pointed name of registered as	AlOut	. Registered Agent signature require	of when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	TIPPINO (O) OI TIPPINO (O)	Change Addition
NAME	GAGNON, ANDRE	_	1.2 NAME		_ ,
STREET ADDRESS	1730 N. 47TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CłTY-ST-ZIP		
TITLE	8	DELETE	2.1 TITLE		Change Addition
NAME	GAGNON, FRANCE		2.2 NAME		
STREET ADDRESS	1730 N. 47 AVE.		2.3 STREET ADDRESS		Ì
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		)
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELET <b>E</b>	4.1 TITLE		Change Addition
NAME	•		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 1ITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
01701 07 700			0.4074.67.74		

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.

CICNIATURE.

En a los I horas

EDANCE CACAMI

1/20/08 00/00/1000