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FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #L34482 (4)

1. Corporation Name
MAG TRADING CORP.

Principal Place of Business

Mailing Address

~~8920 NW 14 STREET~~
~~MIAMI, FL 33126~~

~~8920 NW 14 STREET~~
~~MIAMI, FL 33126~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1989

2. Principal Place of Business

2a. Mailing Address

21 **8274 NW 14 STREET**

26 **8274 NW 14 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **MIAMI, FL**

28 **MIAMI, FL**

Zip

Country

Zip

Country

24 **33126**

25 **USA**

29 **33126**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIOIA, ANTONIO J.
16485 COLLINS AVENUE #1838
N. MIAMI BEACH, FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2011 FISHER ISLAND DRIVE

83

84 City
FISHER ISLAND

FL

85 Zip Code
33109

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

Signature of Registered Agent (Name of Registered Agent must be typed or printed) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **GIOIA, ANTONIO J.**
STREET ADDRESS **16485 COLLINS AVENUE #1838**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33160**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2011 FISHER ISLAND DRIVE**
1.4 CITY-ST-ZIP **FISHER ISLAND, FL 33109**

TITLE **V** ☐ DELETE
NAME **BAND, SERGIO**
STREET ADDRESS **7863 SW 89 LANE**
CITY-ST-ZIP **MIAMI, FL 33156**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **8763 SW 61 PLACE**
2.4 CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

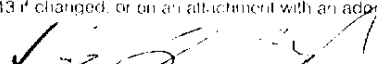
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/98

(305) 599-2670

CR2E034 (10/97)