

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:30

DOCUMENT # L65561

(7)

1. Corporation Name

MG GENERAL CORPORATION

Principal Place of Business

% RITA GRACE DONOVAN
11231 N KENDALL DR #D117
MIAMI FL 33176-1134

Mailing Address

% RITA GRACE DONOVAN
11231 N KENDALL DR #D117
MIAMI FL 33176-1134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/13/1990

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0203754

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONOVAN, RITA GRACE
11231 N. KENDALL DR.
#D117
MIAMI FL 33176

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

(Signature, typed or printed name of registered agent and title, if applicable)

(Signature, typed or printed name of registered agent and title, if applicable)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.4 NAME

12.5 STREET ADDRESS

12.6 CITY, ST, ZIP

12.7 NAME

12.8 STREET ADDRESS

12.9 CITY, ST, ZIP

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY, ST, ZIP

12.16 NAME

12.17 STREET ADDRESS

12.18 CITY, ST, ZIP

12.19 NAME

12.20 STREET ADDRESS

12.21 CITY, ST, ZIP

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY, ST, ZIP

12.28 NAME

12.29 STREET ADDRESS

12.30 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 NAME

13.6 STREET ADDRESS

13.7 CITY, ST, ZIP

13.8 NAME

13.9 STREET ADDRESS

13.10 CITY, ST, ZIP

13.11 NAME

13.12 STREET ADDRESS

13.13 CITY, ST, ZIP

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 NAME

13.18 STREET ADDRESS

13.19 CITY, ST, ZIP

13.20 NAME

13.21 STREET ADDRESS

13.22 CITY, ST, ZIP

13.23 NAME

13.24 STREET ADDRESS

13.25 CITY, ST, ZIP

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 NAME

13.30 STREET ADDRESS

13.31 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 Sections 190.07(2)(b), Florida Statutes. I further certify that the information included 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 1, 2 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

Rita Grace Donovan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RITA DONOVAN

Date

1/7/95

(305) 598 5366

Telephone Number