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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation		61 (7)					
MG GENERAL CORPORATION							
Principal Place of Business Mailing Address							\$  <b> </b>
	CE DONOVAN IDALL DR #D117 176-1134		6 RITA GRACE DONOVAN 1231 N KENDALL DR #D117 AIAMI FL 33176-1134		3. Date Incorporated or Qualified 3a. Date of Last Report 04/13/1990 01/13/1995		
2. Principal Pla	on of Rusiness	2a. Mailing Address			<b>04/13/1990 4.</b> FE1 Number	1 01/15	Applied For
2. Principai Piai 21	Cé Oi Bosiness	26			65-0203754		Not Applicable
Suite, Apt. #, etc. Suite, Ap			Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required
22 City 9 State		City & State	City & State		6. Election Campaign Financing	\$	5.00 May Be
City & State		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for in	ntangible tax und	ters 199.032,
24	9. Name and Address of Cui	29	30		Florida Statutes Yes  10. Name and Address of New R		it
	9. Name and Address of Cui	rent Registered Ageni	81	Name			
DOMOVANI DITA COACE			82	Street Add	ress (P.O. Box Number is Not Acceptab	(e)	,
Donovan, rita grace 11231 n. Kendall dr.				Olicel Acid	. ,		
#D117			83				
MIAMI FL 33176			84	City		FL 85	Zip Gode
or registere familiar witi SIGNATURE	ed agent, or both, in the State of the and accept the obligations of, S	spent and tilk-if applicable (N		iorano ra bac	ration submits this statement for the pur rd of directors. Thereby accept the app twist in the accept the Application of the Applitudes and the Applitudes are accepted to the Applitudes and the Applitudes are accepted to the Applitudes are accepted	DATE	
12.		AND DIRECTORS	1, 1 TITLE	٥	/5	<b>⊠</b> Cr	nange
TITLE NAME	†		1.2 NAME	n	ALAMAN KITA	RACE	FCTORS IN 12 lange
STREET ADDRESS	11231 N KENDALL DR #		13 STREE	LADDRESS	1231 N. KENDAL		117
CITY-S1-ZIP	MIAMI FL		14 CITY - 1		MIAMI, FL 33		esone No Addition
THTLE		☐ DELETE	2 1 THILE		/D	_	nange 🔀 Addition
NAME			2.2 NAME	1 1000000	1ARCELO JAKUB 1231 N. KENDAL	21CK	1117
STREET ADDRESS			2 3 S1H:1 2 4 CHY-		MIAMI, FL 33	176	""
CITY - S1 - ZIP TITLE		DELETE	3. 1 T-TLE		MAPILLI - SEPE		nange 🔲 Addition
NAME			3.2 NAME				
STREET ADORESS			33 STHE	T ADDRESS			
CITY - ST - ZIP			3.4 CITY	SI - ZIP			
TITLE		DELETÉ	4 1 1171.6			□c	hange [] Addition
NAME			4.2 NAMÉ				
STREET ADDRESS			1	1 ADDRESS			
CITY - ST - ZIP		FEI ryriftr	4 4 CiTY -				hange 🗍 Addition
TITLE		☐ DELÉTE	5 1 111LF			L °	- g
NAME			52 NAME				Ì
STREET ADDRESS			5.4 CITY -	T ADDRESS			
CITY-ST-ZIP		DELETE	6 1 TITLE			C	nange 🔲 Addition
TITLE		T	6.2 NAME				
NAME STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			6.4 CITY -	1			

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)(k). 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: \_

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/96 (305) 598-5366