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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION C	F CORPORATIONS			
1. Corporatio		(.,				
MAGN	na optical internatioi	NAL, INC.				
				<u> </u>	i <b>de</b> ji <b>a</b> rafi arah atah dia	
Principal Place	e of Business	Mailing Address				
7511 NM 55ST		7511 NW 55ST				
MIAMI FL 3		MIAMI FL 33166				
US		US		Date Incorporated or Qualified	3a. Date of Last I	Panort
				06/06/1990	04/11/19	•
P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt.	#. etc.	26		65-0211245		Not Applicable
22	,	27		5. Certificate of Status Desired		5 Additional
City & Stat	е	City & State		6. Election Campaign Financing		Required 00 May Be
23		28		Trust Fund Contribution		od to Fees
Ζφ <b>24</b>	Country 25	Zip	Country	8. This corporation has liability for i	ntangible tax under s	
	9. Name and Address of Curr	29   rent Registered Agent	30	Florida Statutes Yes  10. Name and Address of New R		
			81 Name	id. Name and Address of New K	egistered Agent	
BREA,	E., ANTHONY		82 Street Add	ress (P.O. Box Number is Not Acceptabl	·	
	w oakmont dr		Street Add	ress (F.O. Box Number is Not Acceptable	θ)	
MIAMI I	FL 33015		83			
			84 City		<b>85</b> Z	p Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1509. Slavida Ctat.				
or register	red agent, or both, in the State of Flo th, and accept the obligations of, Se	orida. Such change was authoriz	es, trie above-named corpo ed by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	cose of changing its intraent as registered	registered office
SIGNATURE	th, and accept the obligations of, Se	estutes statutes	S.		3	
	Signature, typed or printed name of registered ag-		DTE: Registered Agent signature require	ed when reinstating)	DATE	
12. Tifle		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	DRS IN 12
NAME	CPTS GOMEZ, MIGUEL	☐ DELETE	1. 1 TIFLE		☐ Change	Addition
STREET ADDRESS	AV RIO CAURA, TORRE HU	MROIDT OFF 1000	1.2 NAME			
CITY-ST-ZIP	PRADO DEL ESTE CARACA	AS VEN	1.3 STREET ADDRESS			
TITLE	D	☐ DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change	Addition
NAME	CASTELLANOS, ROBERTO	Q	2.2 NAME		Onenge	LJ Madricon
STREET ADDRESS	AV. RIO CAURA, TORRE HU	IMBOLDT OFF 1002	2 3 STREET ADDRESS			1
CITY-ST-ZIP	PRADO DEL ESTE CARACA		2 4 CITY - ST - ZIP			
TITLE NAME	D CADOLA LOCE D	DELETE	3. 1 TITCE		☐ Change	☐ Addition
STREET ADDRESS	GARCIA, JOSE R	MBOLDT OFC 4000	3 2 NAME			
CITY-ST ZIP	AV RIO CAURA, TORRE HUI PRODO DEL ESTE CARACI	MDULUI,UFF 1002 AS VEN	33 STREET ADDRESS			
TITLE	THOSO DEE EOIE ON MO	DELETE	3.4 C/TY-ST-ZIP 4.1 T/TLE		Chann	
NAME		<u> </u>	4.2 NAME		☐ Change	☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY+ST-ZIP			
TITLE		☐ DEFELE	5 1 TITLE		☐ Change	Addition
NAME			5 2 NAME			1
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP THILE		☐ DELETE	5 4 CITY - ST - ZIP		<b>,</b>	
NAME		□ perese	6. 1 TITLE . 62 NAME		☐ Change	☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS			

6 4 CITY-S1-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)(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 chapged, or on an attachment with an address.

SIGNATURE:

6.3 STREE! ADDRESS

CITY-ST-ZIF

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR