

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L78908 (5)

1. Corporation Name

MAGIKCITY REALTY CORPORATION



Principal Place of Business

299 ALHAMBRA CIR  
STE 404  
CORAL GABLES FL 33134  
US

Mailing Address

299 ALHAMBRA CIR  
STE 404  
CORAL GABLES FL 33134  
US

3. Date Incorporated or Qualified

06/05/1990

3a. Date of Last Report

06/09/1995

4. FEI Number

65-0198164

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

21 255 UNIVERSITY DR.

26 255 UNIVERSITY DR.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 104

28 104

City & State

City & State

23 CORAL GABLES, FL.

28 CORAL GABLES, FL.

24 Zip

25 Country

24 33134

25 U.S.A.

29 Zip

30 Country

29 33134

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, MIGUEL A.  
1000 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES FL 33134

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, Sections 607.0505, Florida Statutes.

SIGNATURE

*Miguel A. Hernandez*

*Miguel A. Hernandez*

6-3-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME HERNANDEZ, MIGUEL  
STREET ADDRESS 299 ALHAMBRA CIR STE 404  
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 255 UNIVERSITY DR. Ste. 104  
1.4 CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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 appointment with an address.

SIGNATURE:

*Miguel A. Hernandez*

6-3-96

305-448-1672

CR2E034 (12/95)