SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



out

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Dayber Etime#

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L93199

(2)

| 1. Corporation Name L93199 (2) | | | | | 96 JUL 26 AM 11: 11 | |
|--|--|---|--|---|--|---|
| MEGA (| GROUP CORP. | | | | Libbible bil elleb tille state enem | |
| Principal Place | of Business | Mailing Address | | | | |
| 14481 S.W. 52NO STREET MIAMI FL 33175 | | 14481 S.W. 52ND ST. SUITE 228 | | | | |
| | | MIAMI FL 33175 US | | | 3. Date Incorporated or Qualified 08/13/1990 | 3a. Date of Last Report 08/17/1995 |
| 21 | ace of Business | 2a. Mailing Address 26 | | | 4. FEI Number 65-0241916 | Applied For Not Applicable |
| Suite, Apt. # | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State 28 | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 4 | Country [25] | Zip 29 | Country 30 | | This corporation has liability for Florida Statutes | intangible tax under s 199 032 Yes . No |
| | Name and Address of Current | t Registered Agent | | | 10. Name and Address of New Re | gistered Agent |
| BUSTILLO, MARTHA M . 14481 S.W. 52ND STREET | | | 81 | Name | | |
| | | | 82 | Street Addr | dress (P.O. Box Number is Not Acceptable) | |
| MIA | MI FL 33175 | | 83 | | | |
| | | | | | | |
| • | | | 84 | City | | FL 85 Zip Code |
| orice or re | o the provisions of Sections 607,050 g stered agent, or both, in the State in familiar with, and accept the obliga | of Florida. Such change was a | authorized by I | riamed corpi he corporation | oration submits this statement for the p on's board of directors. I hereby accep | urpose of changing its registered thre appointment as registered |
| Ę | oliginature, typical origin, doct havine of registered age | | É. Bugistered Ager | t signat ne regun | od where relating) | DATE |
| 12. TITLE | OFFICERS AN | DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFI | |
| NAME | VENEDICTO, OLGA A. | | 1 1 TITLE 1 2 NAME | | | Change Addition |
| STREET ADDRESS | 14431 S.W. 112TH TERRACE | | 1.3 STREET | 2239004 | | |
| CITY-ST-ZiP | MIAMI FL 33186 | • | 140 TY-S | ļ | | |
| TITLE | SDVP | DELETE | 2 1 TrTLE | | 400001906644 | |
| NAME | BUSTILLO, MARTHAM. | | 2.3 NAME | | | /960115 4 010 |
| STREET ADDRESS | 14481 SW 52ND ST. | | 2.3 \$18EET. | ADDRESS | ****23 | 33.75 ****233.75 |
| CITY-ST-ZIP TITLE | MIAMI FL 33175 | DELETE | 2 4 CiTy - S | T ZIP | | 0. |
| NAME | | L Dittell | 3 I FIFLE 3 2 NAME | | α | Change Addition |
| STREET ADDRESS | | | 3.3 STREET. | ADDRESS | / 11 | |
| CITY-S1-ZIP | | | 3.4 CITY-S | | WKH i | t . |
| TITLE | | DELETE 41T | | · | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Change Addition |
| NAME | | | 4 2 NAME | | AMI (| 1 |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | 1100 | |
| CITY - ST - ZIP | | Devere | 4 4 CITY - ST | · ZIP | | |
| TITLE | | DELETE | 5 1 DILE | | | Change Addition |
| NAME Street address | | | 5 2 NAME | I DOOL CC | | |
| CHY-ST-ZIP | | | 5.3 STREET A | ì | | |
| TITLE | | DELETE | 54 CITY - ST - ZIP 6 * TIFLE | | | Change Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET | ADORESS | | |
| CHTY - ST - ZIP | | | 6.4 Cily-S! | -7P | | |
| I do hereby further cert made unde that my nar | vicertry that the information subplied infy that the information indicated on er oath; that Fix is an officer or directo the appears of Blyck 12 or Blyck 13 if | f with this filing is voluntarily fu this annual report or suppleme or of the corporation or the rece tohariged, or on thi attachmen | rnished and d ental armual re eiver or trustee it with an addir | oes not quali port is true a e empowered ess | ify for the exemption stated in Section and accurate and that my signature shall to execute this report as required by 0 | 119 07(3)(k), Florida Statutes, I I have the same legal effect as if Chapter 617, Florida Statutes, and |