FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M06561

(8)

MAGAMA GROUP, INCORPORATED

Mailing Address

Principal Place of Business

FILED Apr 29 1997 8:00am Secretary of State



7050 NW 42ND ST MIAMI FL 33188		7050 MW 42ND ST Miami Fl 33166-6823			
				3. Date Incorporated or Qualified 10/17/1984	3a. Date of Last Report 04/05/1996
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For
21		26		59-2650249	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27	·		Fee Required
23		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	☐ Added to Fees
24	25	JJ	30	This corporation has liability for i Florida Statutes	ntangible tax under s. 199.032,] Yes = []] No
£4 j	9. Name and Address of Currer	29 nt Registered Agent		10. Name and Address of New Re	
OIAL			81 Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
200	GER, DAVID H.				
7000 S.W. 62 AVE. MIAMI FL 33143			82 Street Add	ldress (P.O. Box Number is Not Acceptable)	
MIA	MI PL 33143		83		TO SEE MEAN A SECOND SE
			84 City		FL 85 Zip Code
11 Digouant	to the provisions of Scalage 607 066	19 and CO2 1609 Feeda Ce	alidan the alice a page of ac-	poration submits this statement for the p	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change w	as authorized by the corpora	poration submits this statement for the parties of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature, typed or printed name of requitered asy	ent anar bee if applicable (NOSE Registered Agent signature regi	ared when reinstanno	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	S	DETECTE	1:100		Change Addition
NAME	GARCIA, MARCIAL		1.2 NAME		
STREET ADDRESS	1411 ANCONA AVENUE		1.3 STREET AODRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY - \$1 - 7\P		
TITLE		DELETE	2 : 111LH:		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CHY-\$1-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-\$1-ZIF		
TITLE		☐ DELETE	4.º TITLE		Change Addition
NAME			4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 / CHY+S1 - ZII		
TITLE		DELETE	5.1 1011 (Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		DELETE	G 1 717 F		Change Addition
NAME			G 2 NAME		
STREET ADORESS			G 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY - ST-ZIF		
GITT - ST-ZIP			■ 6.4 CHY-S1-ZIF		

I do hereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual apert is true and accurate and that my signature shall have the same legal effect as if made under outh, that I am an officer or director of the corporation or the receiver or true see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the corporation or the appears in Block 12 or Block 15 if charged, or on t with an address