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

PROFIT



FLORIDA DEPARTMENT OF STATE

	PRPORATION JUAL REPORT 1996			Secre	B. Mortham tary of State CORPORATIONS				
1. Corporati		M6783	17	(8)					
Mn. I	MAGUT, INC.								
Principal Plac	e of Business		Mailing Add	Iress			! 1 00 1881 118 8111 1 801 10101		\$1814 B(B)) B(B)) B(B)) (B)
8421 SW 21ST Miami FL 33155 US				PO BOX 111075 HIALEAH FL 33011-1075 US					
						İ	 Date Incorporated or Qualified 02/05/1988 	-	of Last Report /17/1995
	Place of Business	N. c	2a. Mailing A	Address			4. FEI Number	_1	Applied For
Suite, Apt	# etc 80	<u> </u>	26				65-0040148		Not Applicable
	10-P		27	ot. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
	e AH GARDE	NS, FL	City & St	tate			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24] 330		Country USA	Zip	· • • • • • • • • • • • • • • • • • • •	Country		8. This corporation has liability for		
		Address of Current	Registered Age	ent	30		Florida Statutes Yes 10. Name and Address of New F	□ No	
					81 Name	۰	. ()	registered Ag	jent
	RREZ MARIANO	N			82 Street	Addrono	VETTE VALE (P.O. Box Number is Not Acceptate	7.	
	W 21 STR					421	SW 21 ST	же;	
MIAMI	FL 33155				83				
					84 City		 		85 Zip Code
11. Pursuant	to the provisions of	Sections 607 0502	and 607 1508 EI	orida Statuta	i <u> </u>	MIAN		┡┖╎	33155
or registe familiar w	red agent, or both,	in the State of Florida	a. Such change v	vas authorize	s, the above-named of d by the corporation's	corporatio 's board o	n submits this statement for the purification of the purifications. I hereby accept the app	pose of chang pintment as rea	ing its registered office
SIGNATURE	Tuttl)	LV.	TIE VAL	ida Statutes. L <i>E</i> –	PRESIDE	11		03/1	clas
12.	Slothears, Uped or India	anic of registered agent as	a title if applicable		E. Registered Agent's gnature	required who		DATE	170
TITLE	PST	OFFICERS AND		DELETE	13.	T	ADDITIONS/CHANGES TO OFF		
NAME	GUTIERREZ,	MARIANO N		DEELE	1.171716	VIC	E - PRECIDENT		Change Addition
STREET ADDRESS	8421 SW 21				1.2 NAME 1.3 STREET ADDRESS	901	TERREZ, MARIANO	N	
CHTY - ST - ZiP	MIAMI FL				1.3 STREET ADDRESS		1 3W 21 SI 1HI 1FL 33155		
TITLE	PRESIDE	NT		DELETE	2 1 TITLE) 12 33130		Change
NAME	IVETTE				2.2 NAME			□ `	Zilange
STREET ADDRESS	8421 5W				2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	MIAMI , 7	FL 33185		·	2.4 CITY-ST-ZIP	,.			
NAME				DELETE	3 1 TITLE				Change Addition
STREET ADDRESS	-				3 2 NAME				
CITY - ST - ZIP					3.3 STREET ADDRESS	1			
TITLE				DELETE	3.4.0 (TY - S1 - ZIF 4.1.1 (TLE	 			Shares D Addition
NAME					4.2 NAME				Change Addition
STREEL ADDRESS					4.3 STREET ADDRESS				
CITY - ST - ZIP					4.4 CITY - ST - ZIP				
III1.€	Ì			ELET E	5 1 TITLE				hange 🔲 Addition
NAME					5.2 NAME				i
STREET ADDRESS CITY-ST-ZIP					5.3 STREET ADDRESS				
IITLE			<u> </u>	DELETE	5.4 CITY - ST - ZIP	<u> </u>		<u></u>	
IAME			٦٠	-CELIE	6 1 TITLE 6 2 NAME			□ c	hange 🔲 Addition
STREET ADDRESS					6 3 STREET ADDRESS				į

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntanly 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 appears in Block 12 or Block 13 if changed, or on an arachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)