

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M81872 (7)
1. Corporation Name
MAGIC BYTES USA, INC.



Principal Place of Business
BLANKENHAGENER WEG 181
33334 GUTERSLOH GERMANY

Mailing Address
907 EAST 22ND AVENUE
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 IMMELSTRASSE 38 Suite, Apt. #, etc. 22 City & State 23 GUTERSLOH, GERMANY Zip 24 33334		2a. Mailing Address 26 4218 WATER OAKS LN Suite, Apt. #, etc. 27 City & State 28 TAMPA FL Zip 29 33624		3. Date Incorporated or Qualified 05/20/1988		3a. Date of Last Report 07/19/1996	
				4. FEI Number 59-2894136		Applied for Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MEIERTOBERENUS, THOMAS 907 E. 22ND AVENUE TAMPA FL 33605				10. Name and Address of New Registered Agent 81 Name MEIERTOBERENS, THOMAS 82 Street Address (P.O. Box Number is Not Acceptable) 4218 WATER OAKS LN 83 84 City TAMPA FL 85 Zip Code 33624			
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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, Section 607.0505, Florida Statutes.

SIGNATURE *Thomas Meiertoberens* THOMAS MEIERTOBERENS, PRESIDENT 9-9-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	KLEINEGRABER, RALF	1.2 NAME	KLEINEGRABER, RALF
STREET ADDRESS	BLANKENHAGENER WEG 181	1.3 STREET ADDRESS	IMMELSTR. 38
CITY-ST-ZIP	4830 UTERSLOH, GERMANY	1.4 CITY-ST-ZIP	GUTERSLOH, GERMANY 33334
TITLE	P	2.1 TITLE	P
NAME	MEIERTOBERENS, THOMAS	2.2 NAME	MEIERTOBERENS, THOMAS
STREET ADDRESS	907 E 22ND AVE	2.3 STREET ADDRESS	4218 WATER OAKS LN
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33624
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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 attachment with an address.

SIGNATURE *Thomas Meiertoberens* THOMAS MEIERTOBERENS, PRESIDENT 9-9-97 012 960 2380

CR2E034 (4/97)