

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M88312 (7)

1. Corporation Name
MAGIC BOX, INC.

Principal Place of Business

16698 NW 54TH AVE.
MIAMI FL 33014

Mailing Address

16698 NW 54TH AVE.
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1988

3a. Date of Last Report

04/07/1994

4. FEI Number

65-0064470

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23

27 City & State

28

Zip

Country

24

Zip

Country

30

9. Name and Address of Current Registered Agent

FISHMAN, LEWIS W. P.
9130 S DADELAND BLVD #1121
MIAMI FL 33158

10. Name and Address of New Registered Agent

81

Name

NEAL FARR
FARR/MCCLASKEY & FARR

82

Street Address (P.O. Box Number is Not Acceptable)

1550 MADRUGA AVE.

83

Suite

SUITE 120

84

City

MIAMI CORAL GABLES FL

85

Zip Code

33146

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

NEAL FARR

4/28/95

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PEARSON, DENNIS
STREET ADDRESS 8500 SW 118TH ST.
CITY - ST - ZIP MIAMI FL

TITLE D
NAME FINTZ, ISRAEL
STREET ADDRESS 242 NE 199TH TERRACE
CITY - ST - ZIP NO. MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 33156

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP 33159

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 attachment with an address.

SIGNATURE:

Dennis B. Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

Date

305-620-2770

Telephone #