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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M99849 1. Corporation Name

MAGBE PROPERTIES, INC.

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90026 005 \*\*\*158.75

Principal Pl 595 W 18 S' HIALEAH FL US		Mailing Add 595 W 18 ST HIALEAH FL US	REET				Date Incorporated	O NOT WRIT			
2. Principal	Place of Business	2a. Mailing A	Address				09/22/1988				
21		26	1001635				FEI Number				Applied For
Suite, Ap	ot. #, etc.	Suite, Ap	nt # etc			<u> </u>	65-0127868	···			lot Applicable
22		27				5. (	Certifcate of Status	Desired	X		Additional
City & St	ate	City & St	tate						· :-		Required
23		28					Election Campaign Frust Fund Contrib				May Be
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Country	,		This corporation ov				to Fees
24	25	29	[3	30			Personal Property		nt year in	tangible Yes	 □No
	9. Name and Address of (	Current Registered Age	ent				Name and Addres		gistered		
DH	RAN, BERNARDO			81	Name				9.010100	Agent	
940	00 SW 5TH ST			92	t						
	MI FL 33144			82	Street .	Address (P.C	). Box Number is I	Not Acceptab	le)		
1911/-	MI LT 22144			83		<del></del>			2 \$2 \$ 4 \ 2 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1, 5: 1 1321 1, 5: 1 1321	Acceptable and
							<u> </u>		3 1 3 3 9		
	t to the provisions of Sections 60 registered agent, or both, in the			84	City						Code"
ū	registered agent, or both, in the am familiar with, and accept the	opingations of, opertion of									3
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable.	,			equired when reins	stating)	1	DATÉ		
12.	Signature, typed or printed name of register OFFICEF	red agent and title if applicable.	(NÖTE: R	egistered Agent		equired when reins	stating)	ES TO OFFIC	DATÉ		DRS IN 12
12.	Signature, typed or printed name of register  OFFICEF  DPT	red agent and title if applicable.	,	egistered Agent 13. 1.1 TITLE		equired when reins		ES TO OFFIC	DATÉ		DRS IN 12
12. TITLE NAME	Signature, typed or printed name of register  OFFICER  DPT  DURAN, MARIA M.	red agent and title if applicable.	(NÖTE: R	egistered Agent		equired when reins	stating)	ES TO OFFIC	DATÉ	D DIRECTO	
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I 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 of the received 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 an analysis of the properties of the received empowered.

SIGNATURE:

FREQUERED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #