FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	•	1996	No.	F./	OF CORP							
[OCUI Corporation	MENT Name	# N9500	0002317	(4)							
	MSGF,	INC.										
Principal Place of Business Mailing Address											H HUUU IIII	
4300 ALTON ROAD 4300 ALTON ROAD												
	MIAMI BEACH	H FL 33140		MIAMI BEACH FL S	3140							
									3. Date Incorporated or Qualified 05/12/1995	3a . Da	te of Last	<u> </u>
2. 21	. Principal Pla 1	ace of Busine	ess	2a. Mailing Address				4. FEI Number 65-0660244			Applied For Not Applicable	
۳	Suite, Apt. #, etc.			Suite, Apt. #, etc.							Additional	
22				27					Certificate of Status Desired		•	Required
22	City & State	9		City & State					6. Election Campaign Financing		-	May Be
23	Zip		Country	28		Countr	γ	\dashv	Trust Fund Contribution 8. This corporation has hability for a			199 032
24]		25	29	30		,			Yes 🗆		700.002
		9. Name	and Address of Curren	t Registered Agent			· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New R	egistered /	\gent	
						8	1 Name					
LAURENCE, JODI ESQ.						82 Street Address (P.O. Box Number is Not Acceptable)						
4300 ALTON ROAD MIAMI BEACH FL 33140						8:	3	· 				
MIAMI DEACR FL 33140						Ļ					T	<u> </u>
	•					84	4 City		,	FL	85 Zip	Code
	. Pursuant to or register	to the provision to the agent, or	ons of Sections 617.0502 both, in the State of Florid at the obligations of Sections	and 617.1508, Florida State. Such change was author 617.0503. Florida State.	atutes, the a lorized by th	above le cor	named co poration's	orporati board	on submits this statement for the pur of directors. I hereby accept the appo	pose of cha pintment as	nging its ri registered	egistered office agent. I am
s	IGNATURE _	on, and accep	or the congulations of, Booth	on on .coco, nonda otac	atoo.							
		Signature, typed	or printed name of registered agent. OFFICERS AND		(NO1E: Regist	ared Ag	ent signature r	required wi	hen reinstating) ADD:TIONS/OHANGES TO OFF	DATE OF OR AND	DIDECTO	DO (N. 10
	z. TLE	D	OFFICERS AND	DELETE		1 TITLE		Τ	ADDITIONS/OFFANGES TO OFFI		Change	Addition
l	AME	_	R, LILA G			2 NAMI						D
ST	FREET ADDRESS		TON ROAD		1	3 STRE	ET ADDRESS					
ÇI	TY-ST-Z#P	MIAMI E	EACH FL 33140		1.	4 CITY	-ST-ZIP					
TI	TLE	٥		DELETE	2	1 TITLE				Ε	Change	Addition
N/	AME		GEORGE		2	2 NAME	E					
	Treet address		TON ROAD				et address					
┢	TY-ST-ZIP		EACH FL 33140	□ DELETE			-ST-ZiP	-	·	· · · · · · · · · · · · · · · · · · ·	7 Change	Addition
١	TLE	DEDING	DY, EARL	DELETE		1 TITLE 2 NAME				L	T chaufis	☐ wanmon
	ame Ireet address		TON ROAD				ET ADDRESS	1				
l	TY-ST-ZIP		BEACH FL 33140				-\$T- Z IP					
$\overline{}$	TLE	D		DELETE		1 TIFLE		t		[Change	Addition
N	AME	_	ERG, BARTON		4	2 NAM	IE					
S	TREET ADDRESS		TON ROAD		4	arta e	ET ADDRESS					
CI	TY-ST-ZIP	MIAMI E	EACH FL 33140		4	4 CITY	-ST-ZIP					
Ti	TLE	D		DELETE	5	1 TITLE			10000184	176 []]	Change	Addition
l	AME	HIRT, FI				2 NAME			-06/03/96+-010	30- - 05	6	
l	TREET ADDRESS		TON ROAD				ET ADDRESS		***61.25			
	TY-ST-ZIP	MIAMI E	EACH FL 33140	FIDELETE			-ST-ZIP	ļ.—	· · · · · · · · · · · · · · · · · · ·	ř	T Chann	Medition
l	TLE AME			Motter		1 TITLE					Change	Addition
ייי ו	-NATE				■ p	2 NAME	L	1			-,	, , ,

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 directly of the corporation or the redeiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or can attrainment with an address.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NGAL TURE AND TYPED OR PRINTED NAME OF SIGNI

Proof D. Him

4/10/14 67

674-214