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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90028 050 ****61.25

DOCUMENT #

1. Corporation Name

MAGIC CITY FOUNDATION, INC.

Principal Place of Business

Mailing Address

2650 Biscayne Blvd.
Miami, FL 33137

2650 Biscayne Blvd.
Miami, FL 33137

2. Principal Place of Business

2a. Mailing Address

21 2650 Biscayne Blvd.

26 2650 Biscayne Blvd.

3. Date Incorporated or Qualified

05/11/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0844468

Applied For

Not Applicable

23 City & State
Miami, FL28 City & State
Miami, FL5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required24 Zip
3313725 Country
USA29 Zip
3313730 Country
USA6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Neal L. Sandberg, Esq.
2650 Biscayne Boulevard
Miami, FL 33137

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 President, Director ☐ DELETE

NAME Tomas A. Mestre

STREET ADDRESS 14201 S.W. 248th Street

CITY-ST-ZIP Redlands, Florida 33032

TITLE Vice President, Director ☐ DELETE

NAME Sergio Rouco

STREET ADDRESS 2660 S.W. 37th Ave.

CITY-ST-ZIP Penthouse Five

TITLE Miami, FL 33311 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Secretary, Director ☐ DELETE

NAME Neal L. Sandberg

STREET ADDRESS 2650 Biscayne Blvd.

CITY-ST-ZIP Miami, FL 33137

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neal L. Sandberg, Secretary

Date

Daytime Phone #

(305) 575-1200

CR2E037 (11/98)