

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P20632 (6)

1. Corporation Name

MG REFINING AND MARKETING, INC.



Principal Place of Business

Mailing Address

1000 LOUISIANA
SUITE 6600
HOUSTON TX 77002
US

520 MADISON AVE.
NEW YORK NY 10022

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1988		3a. Date of Last Report 04/04/1995	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 13-3039234		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and fee payable

(NOTE: Registered Agent signature is required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, DAVID	1.2 NAME	
STREET ADDRESS	%520 MADISON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, N.Y. 10022	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Assistant Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUENOUN, ANDRE	2.2 NAME	William McCarter
STREET ADDRESS	C/O 520 MADISON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, N.Y. 10022	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPA, VINCENT	3.2 NAME	Arthur Taylor
STREET ADDRESS	%520 MADISON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, N.Y. 10022	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILLI, FRANK	4.2 NAME	Marcelo Parra
STREET ADDRESS	%520 MADISON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, N.Y. 10022	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEEVER, THOMAS	5.2 NAME	
STREET ADDRESS	C/O 520 MADISON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

William McCarter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William McCarter

4/24/96

(212) 715-5211

Date

Telephone Number

CR2E034 (12/95)