

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

FILED

May 12 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000048928 (4)

1. Corporation Name
M.A.G. PROFESSIONAL SERVICES CORP.



| | | | | | |
|---|--|--|--|---|--|
| Principal Place of Business 7171 CORAL WAY 316 MIAMI FL 33135 US | | Mailing Address 1080 S.W. 25TH AVENUE MIAMI FL 33135-4825 US | | 3. Date Incorporated or Qualified 07/13/1993 | 3a. Date of Last Report 07/02/1996 |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 65-0423550 | Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent GOMEZ, MARIA A 1080 S.W. 25TH AVENUE MIAMI FL 33135 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Register Agent signature required when reinstating) DATE _____

| | | | |
|---|---|--|--|
| 12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PRES/TRES GOMEZ, MARIA 1080 S.W. 25TH AVENUE MIAMI FL 33135 | 1.1.E 1.2.AE 1.3.EET ADDRESS 1.4 - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 2.1.E 2.2.E 2.3.EET ADDRESS 2.4 - ST - ZIP | VP/SEC MARIA CAZARES 11099 NW 73RD ST. #201 MIAMI FL 33172 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 3.1 3.2 3.3.EET ADDRESS 3.4 - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 4.1 4.2E 4.3.EET ADDRESS 4.4 - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 5.1 5.2 5.3.EET ADDRESS 5.4 - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 6.1 6.2 6.3.EET ADDRESS 6.4 - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Maria Gomez* **MARIA GOMEZ** **SEC** (305) 546-8641
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____
 0165483

CR2E034 (9/96)