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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000049713 (9) DOCUMENT #

MAGI ENTERPRISES, CORP.

## **FILED** Apr 06 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			F CORESTO IN INCIDENTIAL MOUNT OF CORESTO AND CORES	
28 HENDRICK	8 <b>18</b> LE	P O BOX 2016				
SLIP #2 FT. LAUDERDALE FL 33301 US		SLIP #2 Ft lauderdael fl 333	103-2016		DO NOT WRITE IN THIS SPACE	
		US	·U\$		<ol><li>Date Incorporated or Qualified 07/12/1993</li></ol>	
2. Principal Pr	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0420777	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			3. Continuate of States Desired	Fee Required
City & State	9	City & State	City & State		6. Election Campaign Financing	_ <b>\$5.00</b> May Be
23		28	T		Trust Fund Contribution	
Zip	Country Zip		Coun	try	<ol><li>This corporation owes or has paid t</li></ol>	
24	25	[29]	30		Personal Property Tax due June 30	
	9. Name and Address of Cur	rent Hegistered Agent		1 Name	10. Name and Address of New Regis	iered Agent
	HER, GINETTE			Name		
	HENDRICKS ISLE, SLIP #2		<b>[</b> 8	82 Street Address (P.O. Box Number is Not Acceptable)		
	TE 4					
FT	LAUDERDALE FL 33301		*	3		
			8	4 City		85 Zip Code
						FL 3 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						
L	Signature, typed or printed name of registered			Agent signature		C AND DIDECTORS IN AS
12.	D	AND DIRECTORS  DELETE	13.	Т	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLÉ		L_J DELETE	1.1 1111			Crange Mudition
NAME	EHTIER, GINETTE 28 HENDRICKS ISLE #2		1.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZiP	FT LAUDERDALE FL			-ST-ZIP		Change Addition
TITLE	D D	☐ DELETE	2.1 TITU			Change Addition
NAME	CORBIN, MARIUS	<b>5</b> 0	2.2 NAM			
STREET ADDRESS	28 HENDRICKS ISLE SLIP	#2	2.3 STRI	ET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	- I prieve		( - ST - ZIF		
TITLE		☐ DELETE	3.1 TITL			Change Addition
NAME			3.2 NAM	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			r-ST-ZIP		
TRTLE		☐ DELETE	4 1 TITL	1		Change Addition
NAME			4. 2 NAM	1		
STREET ADDRESS			43 STRI	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TRILE	DELETE 51TB		5 1 TITL	1		Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			53 STRI	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- ST - ZIP		
TITLE		☐ DELETE	6 1 TITE	E "]		Change Addition
NAME			62 NAM	E [		
STREET ADDRESS			63 STRI	ET ADDRESS		
CITY-ST-ZIP			6.4 DITY	-S1-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changul, or on an attachment with an address.

901 11.7 3101.