

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90027 031 ***150.00

DOCUMENT # P93000049713

1. Corporation Name
MAGI ENTERPRISES, CORP.



Principal Place of Business
28 HENDRICKS ISLE
SLIP #2
FT. LAUDERDALE FL 33301
US

Mailing Address
P O BOX 2016
~~SLIP #2~~
FT LAUDERDALE FL 33303-2016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/12/1993

4. FEI Number
65-0420777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 1535 S.E. 15th STREET
Suite, Apt. #, etc.
22 SUITE 306
City & State
23 FT. LAUDERDALE, FL
Zip
24 33316 Country
25 BROWARD
2a. Mailing Address
26 P.O. Box 2016
Suite, Apt. #, etc.
27
City & State
28 FT. LAUDERDALE FL
Zip
29 33303 Country
30 BROWARD

9. Name and Address of Current Registered Agent

ETHIER, GINETTE
28 HENDRICKS ISLE, SLIP #2
SUITE 4
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
ETHIER GINETTE
82 Street Address (P.O. Box Number is Not Acceptable)
1535 S.E. 15th STREET
83 SUITE 306
84 City
FT. LAUDERDALE FL
85 Zip Code
33316

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-----------------|---------------------------|------------------|--------------------------|
| D | ETHIER, GINETTE | 28 HENDRICKS ISLE #2 | FT LAUDERDALE FL | <input type="checkbox"/> |
| D | CORBIN, MARIUS | 28 HENDRICKS ISLE SLIP #2 | FT LAUDERDALE FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------------|--------------------------------|--------------------------|--------------------------|--------------------------|
| D | ETHIER GINETTE | 1535 SE. 15th STREET SUITE 306 | FT. LAUDERDALE, FL 33316 | <input type="checkbox"/> | <input type="checkbox"/> |
| D | CORBIN MARIUS | 2431 SW. 26th AVENUE | FT. LAUDERDALE, FL 33312 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 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

Date

Daytime Phone #

CR2E034 (11/98)