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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000069525 (2)

MGSG HOLDING COMPANY, INC.

## FILED Jan 21 1997 8:00am Secretary of State



|  | A D. A. C. C.   | Admitted Administra                          |  |   | MEILE ALLIA (BIR) SIGN TIRRI ELLI IRRI  |
|--|---|--|--|---|---|
| Principal Place of Business  |   | Mailing Address                              |  |   |   |
| 840 WEST HALLANDALE BLVD.<br>HALLANDALE FL 33008   |   | 640 WEST HALLANDALE<br>HALLANDALE FL 33009-5 |  |   |   |
|  |   |  |  | 3. Date Incorporated or Qualified 10/06/1993            | 3a. Date of Last Report 01/25/1996  |
| 2. Principal Plac  | ce of Business  | 2a. Mailing Address                          | . , , , , , , , , , , , , , , , , , , ,  | 4. FEI Number   | Applied For   |
| ].   |   | 26   |  | 65-0442149  | Not Applicab  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc                           |  | 5. Certificate of Status Desired                        | \$8.75 Additional Fee Required  |
| City & State   |   | Grty & State                                 |  | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees   |
| Zip  | Country   | Zm   | Country  | 8. This corporation has liability for in                | ntangible tax under s. 199.032,   |
|  | 25  | 29   | 30   |   | Yes No  |
|  | 9. Name and Address of Cu                             | rrent Registered Agent                       |  | 10. Name and Address of New Reg                         | gistered Agent  |
|  | S, VICTOR K   |  | 81 Name  |   |   |
|  | NE 18TH AVE   |  | 82 Street Ad   | dress (P.O. Box Number is Not Acceptab                  | le)   |
| N MIAMI BEACH FL 33162   |   |  |  | · · · · · · · · · · · · · · · · · · ·                   |   |
|  |   |  | 83   |   |   |
|  |   |  | 84 City  |   | FL 85 Zip Code  |
|  |   | · • • • • • • • • • • • • • • • • • • •      | 1  | , //  | / ~ /   |
| 12.  | OFFICERS  | AND DIRECTORS                                |  | quired when reinstating) ADDITIONS/CHANGES TO OFFICE    |   |
| SIGNATURE<br>Sty<br>12.  | OFFICERS  |  | TE Rugistered Agent signature re   | quired when reinstating)                                | ERS AND DIRECTORS IN 12   |
| SIGNATURE SIGNATURE  12.  11LF   LI  | OFFICERS<br>P/D<br>GROSSMAN, MORTON                   | AND DIRECTORS                                | TE Registered Agent signature re  13.  1 ITTLE  12 NAME  | quired when reinstating)                                | ERS AND DIRECTORS IN 12   |
| SIGNATURE SIE  ILLE INCE INCE INCE INCE INCE INCE INCE INC   | OFFICERS<br>P/D<br>GROSSMAN, MORTON<br>58 SECOND AVE. | AND DIRECTORS                                | 13. 17 Registered Agen signature re 13. 17 ITTLE 1.2 NAME 1.3 STREFT ADDRESS   | quired when reinstating)                                | ERS AND DIRECTORS IN 12   |
| SIGNATURE  2.  IIILE IAME ITREET ADDRESS   | OFFICERS<br>P/D<br>GROSSMAN, MORTON                   | AND DIFFECTORS DELETE                        | 13. 1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP  | quired when reinstating)                                | ERS AND DIRECTORS IN 12   |
| SIGNATURE SIE  IILLE IIL | OFFICERS<br>P/D<br>GROSSMAN, MORTON<br>58 SECOND AVE. | AND DIRECTORS                                | 13. 1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 City-St-7iP 2.1 TITLE  | quired when reinstating)                                | ERS AND DIRECTORS IN 12 Change Additi   |
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| EIGNATURE  2.  IIILH  AME  TREET ADDRESS  IITY-ST-ZIP  TREET ADDRESS  TY-ST-ZIP  | OFFICERS<br>P/D<br>GROSSMAN, MORTON<br>58 SECOND AVE. | AND DIFFECTORS DELETE                        | 13. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-7IP 2.1 TITLE 2.2 NAME   | quired when reinstating)                                | ERS AND DIRECTORS IN 12 Change Additi   |
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| SIGNATURE Sylvanie Street Address City-St-Zip Title NAME   | OFFICERS<br>P/D<br>GROSSMAN, MORTON<br>58 SECOND AVE. | DELETE  DELETE  DELETE                       | 13.  14 CITY - ST - ZIP  1 TITLE  1.2 NAME  1.3 STREFT ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY - ST - ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY - ST - ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY - ST - ZIP  5.1 TITLE  5.2 NAME  6.3 STREET ADDRESS  4.4 CITY - ST - ZIP  5.1 TITLE  5.2 NAME  6.3 STREET ADDRESS  5.4 CITY - ST - ZIP  | quired when reinstating)                                | Change Additi   |
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1. I do 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 arranal 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 are an officer or director of the corporation or the receipt or trustee empowered to recute 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF CER OR DIRECTOR

1/6/97 369-720