

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

APPROVED AND FILED

1995 MAR 20 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000085682 (1)**

1. Corporation Name
MAGISHU, INC.

Principal Place of Business

**1405 WEST 24TH ST.
MIAMI FL 33165**

Mailing Address

**1405 WEST 24TH ST.
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/15/1993** 3a. Date of Last Report **07/08/1994**

4. FEI Number **65-0488649** 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 has liability for intangible tax under S. 109.032 Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**PARLADE, ALBERTO J
3850 S.W. 87TH AVE.
SUITE 207
MIAMI FL 33165**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Register typed or printed name of registered agent and title if applicable

Register typed or printed name of registered agent and title if applicable

Date

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BELOSSI, GIOVANNI
STREET ADDRESS	PALAZZO CREDITO SVIZZERO C.P. 129
CITY - ST - ZIP	6593 CADENAZZO
TITLE	V
NAME	PARLADE, ALBERTO J
STREET ADDRESS	3850 S.W. 87TH AVE. SUITE 207
CITY - ST - ZIP	MIAMI FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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******208.75 ****208.75**

SEA
3-20

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.071, 119.072, 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: *Alberto J. Parlade* Vice President
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alberto J. Parlade

3-8-95 (309) 550-0777

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000085925

1. Corporation Name

WILTY MOBILE HOME SUPPLY, INC.
1922 TIGERTAIL BLVD , BLDG # 12
DANIA, FLORIDA 33004

Principal Place of Business

Mailing Address

1922 TIGERTAIL BLVD., BLDG #12
DANIA, FLORIDA 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

12/13/93

4. FEI Number

65-0452444

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 has liability for intangible tax under 5-190.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Michel Croteau
1922 Tigertail Blvd., Bldg #12
Dania, Florida 33004

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

Michel Croteau

NOTE: Registered Agent signature required when registering.

MAR 14 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME Michel Croteau
STREET ADDRESS 1922 Tigertail Blvd Bldg #12
CITY, ST, ZIP Dania, Florida 33004

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

300001439243

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

03/24/95 - 01073 084

***200.00 ***200.00

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

Change Addition

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 110.07(2)(b), 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 this agent or this agent is authorized 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 any other statement with an address.

SIGNATURE:

Michel Croteau
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINGO OFFICER OR DIRECTOR

03/14/95

305-922-0909

RW 3-23-95