

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000085867 (8)

1. Corporation Name
MAGIC AUTO SALES INC.



Principal Place of Business
1043 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

Mailing Address
1043 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 1905 13TH ST.	26 1905 13TH ST.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State 23 ST. CLOUD, FL		City & State 28 ST. CLOUD, FLORIDA	
Zip 24 34769	Country 25 OSCOLA	Zip 29 34769	Country 30 OSCOLA

3. Date Incorporated or Qualified 12/13/1993	
4. FEI Number 59-3224591	Applied For 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PEDRO, MERARI SAN 12218 HATFIELD CT ORLANDO FL 32837		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 FL

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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	8 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN PEDRO, MERARI	1.2 NAME	
STREET ADDRESS	12218 HATFIELD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN PEDRO, NELSON	2.2 NAME	
STREET ADDRESS	12218 HATFIELD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN PEDRO, ALBERTS	3.2 NAME	
STREET ADDRESS	12218 HATFIELD CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 changed, or on an attachment with an address.

CR2E034 (10/97)