

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90003 010 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000020746

1. Corporation Name

M. & G. INTERNATIONAL BUSINESS, INC.

Principal Place of Business

7891 W. FLAGLER ST.
SUITE 232
MIAMI FL 33144

Mailing Address

7891 W. FLAGLER ST.
SUITE 232
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1994

4. FEI Number

65-0475336

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.

☒ Yes

☐ No

2. Principal Place of Business

21 1840 W. 49TH ST

2a. Mailing Address

26 1840 W 49TH ST

Suite, Apt. #, etc.

22 220-9

Suite, Apt. #, etc.

27 220-9

City & State

23 HIALEAH - FLORIDA

City & State

28 HIALEAH - FLORIDA

Zip

24 33012

Country

25 MIAMI-DADE

Zip

29 33012

Country

30 MIAMI-DADE

9. Name and Address of Current Registered Agent

MILLAN, JOSE D
7891 W. FLAGLER ST.
#232
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1840 W 49TH ST #220-9

83

84 City

HIALEAH

FL

85 Zip Code

33012

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 PD
NAME MILLAN, JOSE D
STREET ADDRESS 7891 W. FLAGLER ST., #232
CITY-ST-ZIP MIAMI FL 33144

☐ DELETE

TITLE DVP
NAME GALLO, MARCO A
STREET ADDRESS 7891 W. FLAGLER ST., #232
CITY-ST-ZIP MIAMI FL 33144

☐ DELETE

TITLE DS
NAME GOMEZ, MARIA E
STREET ADDRESS 7891 W. FLAGLER ST., #232
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1840 W 49TH ST #220-9

1.4 CITY-ST-ZIP

HIALEAH FL 33012

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

1840 W 49 ST #220-9

2.4 CITY-ST-ZIP

HIALEAH FL 33012

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

1840 W 49 ST #220-9

3.4 CITY-ST-ZIP

HIALEAH FL 33012

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/99

CR2E034 (5/99)