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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000038597 (8) **DOCUMENT #** 

1. Corporation MGA F	RECORDS, I			ina Address									
1 E BROWARD BVD STE 1400 FT LAUDERDALE FL 33301			1 E BROWARD BLVD STE 1400 FT LAUDERDALE FL 33301										
US		US						3. Date Incorporated or Qualified 05/12/1994	3a. Date of Last Report 07/25/1995				
	ace of Business			Mailing Address					4. FEI Number			Applied Fo	r
Suite Ant	Suite, Apt. #, etc.			Suite, Apt. #, etc.					65-0544060 Not Applicable				
22				27					5. Certificate of Status Desired			<b>75</b> Additionate Required	al
City & State	9	City & State						6. Election Campaign Financing			.00 May Be		
23				28					Trust Fund Contribution			ded to Fees	1
Zip		Country	ı	?ip		Country	,		8. This corporation has liability for		tax under	s 199.032,	
24	0 Name en	d Address of Curren	29	rod Agont	30				1	□ No			
	9, 110,110 111	- Addition of Carrell	ricyisic	ieu Agent		81	T	 Varne	10. Name and Address of New R	egisterec	Agent		
FFRAYO	ORNI, RICAHRI	J.J					<u> </u>						
1 E BROWARD BLVD STE 1400					82	S	Street Addre	ss (P.O. Box Number is Not Acceptab	le)				
						83						·····	
FT LAUI	DERDALE FL 3	33131				84	_	Nie.					
	•						-	City		Fl		Zip Code	
11. Pursuant t or register familiar wit	to the provisions led agent, or both th. and accept the	of Sections 607.0502 h, in the State of Floric ie obligations of, Secti	and 607. la. Such c on 607.05	1508, Florida Statut hange was authoriz 05, Florida Statuta	tes, the zed by t	above r the corp	nan ora	ned corpora tion's board	tion submits this statement for the pur of directors. I hereby accept the appe	pose of ch pintment a	nanging its s register	s registered o ed agent. I a	office m
SIGNATURE	•	to congulations of, cool	011 00 100	oo, Honda Statille.	a.								
	Signature, typod or pri	ntcd name of registered agent			O'E: Rage	stered Agen	nt sign	mature required i	when reinstating)	DATE			
12.	l DP	OFFICERS AND	DIRECTO			13.			ADDITIONS/CHANGES TO OFF				
TITLE NAME		II, RICHARD J		DELETE		1. 1 TITLE			•		Change	e 🔲 Additi	ion
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CITY-ST-ZIP						. A CITY. CI	F 710	ь					
14. I do hereby	y certify that the	Information supplied w	ith this fili	ng is voluntarily furr	nished a	and does	s no	t qualify for	the exemption stated in Section 119.	07(3)(k), Fi	orida Stat	utes. I furthe	
oath; that I appears in	l am an officer or Block 12 or Blo	inicidated on tris annu- director of the corpor ck 13 if changed or o	ation or the	ir supple ne ital ann le receiver or truste brilent with an addi	yzal repo le empo ress.	ort is trui owered to	ie ai io ei	nd accurate xecute this	the exemption stated in Section 119.6 and that my signature shall have the report as required by Chapter 607, Fig	same lega irida Statu	effect as tes; and t	iff made und that my name	er >

SIGNATURE:

D TYPED OR PRINTED NAME OF SANING OFFICER OR DIRECTOR

365-463-0777 Daytime Phone #