

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049505 (8)

1. Corporation Name

MJG INVESTMENTS, INC.



Principal Place of Business

336 SEVILLA AVE SUITE 102
CORAL GABLES FL 33134

Mailing Address

336 SEVILLA AVE SUITE 102
CORAL GABLES FL 33134

2. Principal Place of Business

21 340 MINORCA AVE.

Suite, Apt. #, etc.

22 7

City & State

23 CORAL GABLES FL

24 33134

Country

25 DADE

2a. Mailing Address

26 340 MINORCA AVE.

Suite, Apt. #, etc.

27 7

City & State

28 CORAL GABLES FL

29 33134

Country

30 DADE

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

02/27/1995

4. FEI Number

65-0509866

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. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REBOREDO, GASTON
336 SEVILLA AVE SUITE 102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name REBOREDO, GASTON

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

340 MINORCA AVE. #7

83

84

CORAL GABLES

FL

85 33134

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

GASTON REBOREDO

(Signature, typed or printed name of registered agent and state if applicable)

(NOTE: Registered Agent Signature required when not existing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GOICOECHEA, JOSE R
STREET ADDRESS 336 SEVILLA AVE SUITE 102
CITY - ST - ZIP CORAL GABLES FL 33134

☐ DELETE

TITLE D
NAME GOICOECHEA, MIKEL
STREET ADDRESS 336 SEVILLA AVE SUITE 102
CITY - ST - ZIP CORAL GABLES FL 33134

☐ 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P, T ☒ Change ☐ Addition

1.2 NAME GOICOECHEA, JOSE R.
1.3 STREET ADDRESS 340 MINORCA AVE. #7
1.4 CITY - ST - ZIP CORAL GABLES, FL 33134

2.1 TITLE D, U, P, S ☒ Change ☐ Addition

2.2 NAME GOICOECHEA, MIKEL
2.3 STREET ADDRESS 340 MINORCA AVE. #7
2.4 CITY - ST - ZIP CORAL GABLES, FL 33134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 119.07(3)(x), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE RAMON GOICOECHEA 1/29/96 (305) 567-0481

CR2E034 (12/95)