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FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000049505 (8)

1. Corporation Name  
MJG INVESTMENTS, INC.

Principal Place of Business  
340 MINORCA AVE.  
SUITE 7  
CORAL GABLES FL 33134

Mailing Address  
340 MINORCA AVE.  
SUITE 7  
CORAL GABLES FL 33134-4320



3. Date Incorporated or Qualified  
07/05/1994  
3a. Date of Last Report  
03/03/1996

2. Principal Place of Business  
21 2501 BRICKELL AV.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2501 BRICKELL AVE.  
Suite, Apt. #, etc.

4. FEI Number  
65-0509866  
Applied For  
Not Applicable

22 APT. 701  
City & State

27 APT. 701  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 MIAMI FL  
Zip 33129 Country USA

28 MIAMI FL  
Zip 33129 Country USA

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  
340 MINORCA AVE.  
#7  
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)  
1107 ADUANA AV  
83  
84 City CORAL GABLES FL 85 Zip Code 33146

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* (NOTE: Registered Agent signature required when reinstating) DATE 1/17/97

12. OFFICERS AND DIRECTORS  
TITLE DPT ☐ DELETE  
NAME GOICOECHEA, JOSE R  
STREET ADDRESS 340 MINORCA AVE. #7  
CITY-ST-ZIP CORAL GABLES FL 33134  
TITLE DVPS ☐ DELETE  
NAME GOICOECHEA, MIKEL  
STREET ADDRESS 340 MINORCA AV. #7  
CITY-ST-ZIP CORAL GABLES FL 33134  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ASSISTANT VICE-PRESIDENT ☐ Change ☒ Addition  
3.2 NAME GASTON REBOREDO  
3.3 STREET ADDRESS 1107 ADUANA AV.  
3.4 CITY-ST-ZIP CORAL GABLES, FL 33146  
4.1 TITLE ASSISTANT VICE-PRESIDENT ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1107 ADUANA AVE.  
4.4 CITY-ST-ZIP CORAL GABLES, FL 33146  
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 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, changed, or on an attachment with an address.

SIGNATURE: X *Gaston Reboredo* (305) 662-7799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)