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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POANNOAGENE (R)

1, Corporation Name					
MUGI	NVESTMENTS, INC.			I NEDIHADA SIN 1811 OKRIK BAHA NADIH	ARIHI BRUM BURM BURM BURM BURM ARIBI AND 1881
Principal Plac	e of Business	Mailing Address			TRITE BRITE BIRLD FREDE DELLE METER BILL CODE
2501 BRICK	ELL AVE	2501 BRICKELL AVE			
APT 701		APT 701 Miami FL 33129		DO NOT WRITE IN THIS SPACE	
MIAMI FL 33129 MIAMI US US US				3. Date Incorporated or Qualified	
•••				07/05/1994	
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number 65-0509866	Applied For
<u></u>		26	<u> </u>		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23	·	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible
24	25		30	Personal Property Tax due June	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
REBOREDO, GASTON				KEBOREDO, GAS	TOM
1107 ADVANA AV			82 Street A	ddress (P.O. Box Number is Not Acceptab)(e) (4 /44
CORAL GABLES FL 33146				S CO S CO T WOULD	
			24 03		loc I 7:- Godo a
			84 City	WESTOM	FL 65 35327
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	- Jan	1			DATE
12,	Signature, type of or printed name of registered. OFFICERS AN	ND DIRECTORS	Registered Agent signature re	ADDITIONS/CHANGES TO OFFIC	
TITLE	DPT	☐ DELETE		D PT	Change Addition
NAME	GOICOECHEA, JOSE R		1.2 NAME	soiceclups, to se L	•
STREET ADDRESS	340 MINORCA AVE. #7		1.3 STHEET ADDRESS	2566 JARON WAY	_
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Westun, FL 33720	
TITLE	DVPS	☐ DELETE	2.1 TITLE	D A b Z	Change Addition
NAME	GOICOECHEA, MIKEL		2 2 NAME	GO! GOECHEA, MIKEL	-
STREET ADDRESS	340 MINORCA AV. #7		li l'	2566 JAROIN WAY	2 - 1
CITY-ST-ZIP	CORAL GABLES FL 33134	DELETE	2.4 CITY-ST-ZIP	WESTON, FL 333	Change Addition
TITLE	AVP	☐ Officir		AVP	Official Control Control
NAME	Gastom Reboredo 1107 advana v		3.2 NAME 3.3 STREET ADDRESS	SASTON REBOREDO	
STREET ADDRESS	CORAL GABLES FL		2.4 City, Ct., 7IP	2566 JAROM WAY WESTON FL 37324	}
CITY-ST-ZIP TITLE	AVP	▼ DELETE	4.1 TITLE	AICD	☐ Change ► Addition
NAME	GASTOM REBOREDO	,	4. 2 NAME	REBECT REBOREDO	
STREET ADDRESS	1107 ADVANA AVE		4.3 STREET ADDRESS	AVP REBECH REBOREDO 2566 JARDIM WAJ WESTON LFL 3332	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY - ST - ZIP	WESTON IFC 3332	7
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1

14. 1 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.

CITY-ST-ZIP

FILED

Jan 21 1998 8:00am

Secretary of State