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

FILED

May 13 1998 8:00am

Secretary of State

DOCUMENT # P9400063832 (7)

MG SERVICES & SUPPLIES INC.

Principal Place	e of Business	Mailing Address				ANGA ING MIGE (III	IV (181 1 98)
15591 S.W. 105 YERRACE		15591 S.W. 105 TERRACE					
APT. 519 Miami Fl. 33196		APT. 513 MIAMI FL 33196			DO NOT WRITE IN THIS SPACE		
MINMITE SSI		WIRMITE 00100			3. Date Incorporated or Qualified		
					08/30/1994		
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number	Ar	pplied For
21		26			65-0517080	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State	8	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	bebbA	to Fees
Zip	Country	Z _i p	Count	У	8. This corporation owes or has paid the		
24	25	[29]	30		Personal Property Tax due June 30.		No No
	9. Name and Address of Curren	it Registered Agent	8	I Name	10. Name and Address of New Register	ed Agent	-
1	INANDEZ, EDUARDO		*	Name			
	BRICKELL AVE SUITE 305		8:	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33131		_	.			
			8	3			
			8	City		. 85 Zip	Code
					propration submits this statement for the purpos	- <u>L</u>	
SIGNATURE	m familiar with, and accept the oblig-	ICAN) sidesidopa historia	If Registered A		quired when reinstating) DAT		·····
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P DELETE		1.1 TITLE			Change	■ Addition
NAME	GONZALEZ, MARTIN F		1.2 NAME				
STREET ADDRESS	15591 S.W. 105 TERRACE #5	613	1.3 STRE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY	ST - ZIP			
TITLE	VP	DELETE	21 TITLE			Change	Addition Addition
NAME	TORRES, ELIANNE E		2 2 NAME	:			
STREET ADDRESS	15591 S.W. 105 TERRACE #5	13	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33196		2. 4 CITY	- ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE			L Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST - ZIP			
TITLE	L DELETE		4.1 TITLE			L Change	■ Addition
NAME			4. 2 NAM	E		•	
STREET ADDRESS			4.3 STRE	T ADDRESS			
CITY-ST-Z#P			4.4 CITY-	ST-ZIP			
TITLE	☐ DELETE		5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP		<u></u>	5.4 CITY	ST-ZIP			
TITLE		DELÉTE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			
14. I hereby o	ertify that the information supplied w	ith this filing does not qualify f	or the exem	otion stated i	in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the	information
officer or of Block 12 of	on uns amuar report or supplements director of the corporation or the reco or Block 13 if changed, or on an area	a annual report is true and acc eiver or trustee empowered to childrent with an address.	execute this	nat my signa s report as re	sture shall have the same legal effect as if made equired by Chapter 607, Florida Statutes; and the	at my name ap	pears in