

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000076358 (8)**

1. Corporation Name
MGR LOGISTICS CORPORATION



Principal Place of Business
**5790 SOUTHWEST 47 STREET
MIAMI FL 33155**

Mailing Address
**6800 SW 40TH ST
STE 162
MIAMI FL 33155-3708
US**

2. Principal Place of Business
21 **6800 SW 40TH ST**
22 **SUITE 162**
23 **MIAMI, FL**
24 **33155-3708** 25 **U.S.A.**

2a. Mailing Address
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29
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3. Date Incorporated or Qualified **10/18/1994** 3a. Date of Last Report **06/20/1995**
4. FEI Number **65-0533046** 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
**OREZZOLI, RENATO B
5790 SW 47TH ST
MIAMI FL 33155**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(3), 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. This 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 s. 607.05(2), Florida Statutes.

SIGNATURE *R. OREZZOLI* **R. OREZZOLI** **2-22-96**

12. OFFICERS AND DIRECTORS

1	<input checked="" type="checkbox"/> DELETE	P OREZZOLI, RENATO B 5790 SOUTHWEST 47 STREET MIAMI FL 33155
2	<input type="checkbox"/> DELETE	
3	<input type="checkbox"/> DELETE	
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8	<input type="checkbox"/> DELETE	
9	<input type="checkbox"/> DELETE	
10	<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
15	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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17	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
18	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
19	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
20	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied herein is true and correct, voluntarily furnished, and does not qualify for the exemption stated in Section 119.07(3)(g), 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. 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 applicable) or on an attachment with an address.

SIGNATURE: *R. OREZZOLI* **RONNIE OREZZOLI** **2-22-96** **305-669-9767**

CR2E034 (12/95)