

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000079193 (6)

1. Corporation Name
MGK CORPORATION

Principal Place of Business Mailing Address
**14345 SW 57TH LN #15
MIAMI FL 33183** **14345 SW 57TH LN #15
MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/27/1994

2. Principal Place of Business 2a. Mailing Address
21 **14345 SW 57 Lane.** 26 **14345 SW 57 Ln. #**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **# 15.** 27 **# 15.**
City & State City & State
23 **MIAMI, FL.** 28 **MIAMI, FL.**
Zip Country Zip Country
24 **33183.** 25 **DADE.** 29 **33183.** 30 **DADE.**

4. FEI Number Applied For
65-0533306 Not Applicable

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

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

7. This corporation has liability for intangible tax under S. 188.002,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD SUITE 211
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent
81 Name **Giovana Reyes.**
82 Street Address (P.O. Box Number is Not Acceptable)
14345 SW 57 Ln. # 15.
83
84 City **MIAMI** FL 85 Zip Code **33183.**

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 **GIOVANA REYES** *Giovana Reyes* **2/22/95**
Signature, typed or printed name of registered agent and date of appointment Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUBY, MIRTHA
STREET ADDRESS	% 14345 SW 57TH LN #15
CITY - ST - ZIP	MIAMI FL 33183
TITLE	R
NAME	REYES, GIOVANA
STREET ADDRESS	% 14345 SW 57TH LN #15
CITY - ST - ZIP	MIAMI FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSE LUIS REYES
1.3 STREET ADDRESS	14345 SW 57 Ln. # 15
1.4 CITY - ST - ZIP	MIAMI, FL. 33183
2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GIOVANA REYES
2.3 STREET ADDRESS	14345 SW 57 Ln. #15.
2.4 CITY - ST - ZIP	MIAMI, FL. 33183.
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
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 110.07(3)(k), 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: *M. Huby* **2/22/95** **305-388-6308**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #