

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90009 014 ***550.00

DOCUMENT # **P94000079193**

Corporation Name

MGK CORPORATION

Principal Place of Business

**145 SW 57 LANE
5
MIAMI FL 33183**

Mailing Address

**14345 SW 57 LN
#15
MIAMI FL 33183
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1994

4. FEI Number

65-0533306

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

Principal Place of Business

909 EL RADO ST

2a. Mailing Address

909 EL RADO ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL.

City & State

CORAL GABLES FL.

Zip

33134

Country

USA.

Zip

33134

Country

USA.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIOVANA REYES
14345 SW 57 LN. #15
MIAMI FL 33183**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

909 EL RADO ST.

84 City

CORAL GABLES FL

85 Zip Code

33134

I. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/3/99

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE ☐ DELETE

**M
JOSE LUIS REYES
14345 SW 57 LN. #15
MIAMI FL**

LE ☐ DELETE

**V
REYES, GIOVANA
14345 SW 57 LN. #15
MIAMI FL**

LE ☐ DELETE

LE ☐ DELETE

LE ☐ DELETE

LE ☐ DELETE

LE ☐ DELETE

LE ☐ DELETE

LE ☐ DELETE

LE ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

I. I 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/3/99

CR2E034 (5/99)