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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000086439 (4)**

1. Corporation Name
MAGIC CUTTING TIP CORP.

500001479805
-05/09/95--01012--022
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
7075 NW 74 STREET MEDLEY FL 33166	7075 NW 74 STREET MEDLEY FL 33166

3. Date Incorporated or Qualified: 11/29/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: #65-0560061 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ **$9.75** Additional Fee Required
City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AGUILERA, ANTONIO M
815 PONCE DE LEON BLVD
CORAL GABLES FL 33134
JLR

10. Name and Address of New Registered Agent

81 Name: J.E.M. WELDING SERVICE, INC
82 Street Address (P.O. Box Number is Not Acceptable): 7075 NW 74 ST.
83
84 City: MIAMI FL 85 Zip Code: 33166

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/PRES	11 TITLE	P	☒ Change ☐ Addition
NAME	RICARDO, MARVIN	12 NAME	Ricardo, Marvin	
STREET ADDRESS	7075 NW 74 STREET	13 STREET ADDRESS	7075 N.W. 74 street	
CITY-ST-ZIP	MEDLEY FL 33166	14 CITY-ST-ZIP	medley, FL 33166	
TITLE	D/SEC/TREAS.	21 TITLE	VP/D/R	☒ Change ☐ Addition
NAME	REGALADO, JORGE	22 NAME	Regalado, Jose A	
STREET ADDRESS	7075 NW 74 STREET	23 STREET ADDRESS	7075 N.W. 74 street	
CITY-ST-ZIP	MEDLEY FL 33166	24 CITY-ST-ZIP	medley, FL 33166	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Marvin Ricardo (X) Marvin Ricardo President (A) 2-23-95 (305) 885-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D1B031B CR