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FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000086439 (4)

1. Corporation Name  
MAGIC CUTTING TIP CORP.



Principal Place of Business  
677 WEST 26 STREET  
HIALEAH FL 33023

Mailing Address  
677 WEST 26 STREET  
HIALEAH FL 33010-1209

3. Date Incorporated or Qualified  
11/29/1994

3a. Date of Last Report  
09/04/1996

2. Principal Place of Business  
21 677 West 26 Street  
Hialeah FL 33023

2a. Mailing Address  
26 10320 SW 52 TERR  
Suite, Apt. #, etc.

4. FEI Number  
65-0560061

Applied For  
Not Applicable

22 City & State  
23 Hialeah FL 33023

27 City & State  
28 Mia, FL 33165

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

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

24 Zip  
25 Country

29 Zip  
30 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REGALADO, JORGE L  
3880 SW 30 STREET  
HOLLYWOOD FL 33023

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 607.0502 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                    |  |
|-----------------|--------------------|--|
| TITLE           | P                  | <input type="checkbox"/> DELETE            |
| NAME            | RICARDO, MARVIN    |  |
| STREET ADDRESS  | 313 FLORIDA BLVD   |  |
| CITY - ST - ZIP | MIAMI FL 33144     |  |
| TITLE           | VP                 | <input checked="" type="checkbox"/> DELETE |
| NAME            | REGALADO, JOSE A   |  |
| STREET ADDRESS  | 10320 SW 52 TERR   |  |
| CITY - ST - ZIP | MIAMI FL 33165     |  |
| TITLE           | ST                 | <input checked="" type="checkbox"/> DELETE |
| NAME            | REGALDO, JORGE     |  |
| STREET ADDRESS  | 3880 SW 30 ST      |  |
| CITY - ST - ZIP | HOLLYWOOD FL 33023 |  |
| TITLE           |                    | <input type="checkbox"/> DELETE            |
| NAME            |                    |  |
| STREET ADDRESS  |                    |  |
| CITY - ST - ZIP |                    |  |
| TITLE           |                    | <input type="checkbox"/> DELETE            |
| NAME            |                    |  |
| STREET ADDRESS  |                    |  |
| CITY - ST - ZIP |                    |  |
| TITLE           |                    | <input type="checkbox"/> DELETE            |
| NAME            |                    |  |
| STREET ADDRESS  |                    |  |
| CITY - ST - ZIP |                    |  |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| 2.2 NAME            | VP  |
| 2.3 STREET ADDRESS  | REGALADO, JORGE L   |
| 2.4 CITY - ST - ZIP | 3860 SW 30 ST, Hollywood, 33023   |
| 3.1 TITLE           | ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | REGALADO JOSE A.  |
| 3.3 STREET ADDRESS  | 10320 SW 52 TERR, MIAMI, FL. 33165.   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do 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: *Jose A. Regalado* 01/13/97 (305) 885 7323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)