

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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

27 City & State

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

23 **Hialeah Fl 33023**

28 **Mia, FL 33165**

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

24 Zip Country

29 Zip Country

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

25 Country

30 Zip Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **P RICARDO, MARVIN**  
STREET ADDRESS **313 FLORIDA BLVD**  
CITY - ST - ZIP **MIAMI FL 33144**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE  DELETE  
NAME **VP REGALADO, JOSE A**  
STREET ADDRESS **10320 SW 52 TERR**  
CITY - ST - ZIP **MIAMI FL 33165**

2.1 TITLE  Change  Addition  
2.2 NAME **VP REGALADO, JORGE L**  
2.3 STREET ADDRESS **3860 SW 30 ST, Hollywood, 33023**  
2.4 CITY - ST - ZIP

TITLE  DELETE  
NAME **ST REGALDO, JORGE**  
STREET ADDRESS **3880 SW 30 ST**  
CITY - ST - ZIP **HOLLYWOOD FL 33023**

3.1 TITLE  Change  Addition  
3.2 NAME **REGALADO JOSE A.**  
3.3 STREET ADDRESS **10320 SW 52 TERR, MIAMI, FL. 33165.**  
3.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  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: *Jorge L. Regalado* **Jorge L. Regalado** 01/13/97 (305) 885-7323  
DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)