

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000002907 (0)

1. Corporation Name

MC. GRAWN INTERNATIONAL INC.

Principal Place of Business

3388 NE 169 STREET
N. MIAMI FL 33160

Mailing Address

3388 NE 169 STREET
N. MIAMI FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1995

4. FEI Number

65-0554653

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 16401 NW 2nd Avenue

Suite, Apt. #, etc.

22 Suite 103

City & State

23 N M BEACH FL

Zip

24 33169

Country

25 DADE

2a. Mailing Address

26 16300 NE 19th Avenue

Suite, Apt. #, etc.

27 Suite 235

City & State

28 N M BEACH FL

Zip

29 33162

Country

30 DADE

9. Name and Address of Current Registered Agent

GARBER, LILIANA E
3388 NE 169 STREET
N. MIAMI FL 33160

10. Name and Address of New Registered Agent

81 Name

ISABEL BUGIN

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

16300 NE 19th Avenue

83

235

84 City

N. M. BEACH

FL

85 Zip Code

33162

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-28-98

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME GARBER, LILIANA
STREET ADDRESS 3388 NE 169 STREET
CITY-ST-ZIP N. MIAMI FL 33160

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME EBERHARD LUBEL
1.3 STREET ADDRESS 16401 NW 2nd Avenue #103
1.4 CITY-ST-ZIP N M B FL 33169

2.1 TITLE ~~SECRETARY~~ ☒ Change ☒ Addition

2.2 NAME ISABEL BUGIN
2.3 STREET ADDRESS 16300 NE 19th Avenue #235
2.4 CITY-ST-ZIP N M BEACH FL 33162

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE 70000026565 ☐ Change ☐ Addition

5.2 NAME -10/06/98--01026--015
5.3 STREET ADDRESS ***558.75
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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:

Isabel Bugin

9-28-98 (305) 654-1001

CR2E034 (5/98)