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Apr 09 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 # P95000024738 (3)

1. Corporation Name
MAGIK PIZZA, INC.



Principal Place of Business
9781 S.W. 129TH STREET
MIAMI FL 33176

Mailing Address
9781 S.W. 129TH STREET
MIAMI FL 33176-5638

3. Date Incorporated or Qualified 03/28/1995	3a. Date of Last Report 03/25/1996
4. FEI Number 65-0570882	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ROA, CARLOS
9781 S.W. 129TH STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name CARLOS ANDRES PENA
82 Street Address (P.O. Box Number is Not Acceptable) 11811 SW 18 ST #1
83
84 City Miami, FL 33175
85 Zip Code FL

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 Carlos Andres Pena Carlos Andres Pena 03/04/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROA, CARLOS		1.2 NAME PENA, CARLOS ANDRES	
STREET ADDRESS 9781 S.W. 129TH STREET		1.3 STREET ADDRESS 11811 SW 18 ST #1	
CITY-ST-ZIP MIAMI FL 33176		1.4 CITY-ST-ZIP Miami, FL 33175	
TITLE VSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, SANDRA		2.2 NAME ALEIDA REBERA	
STREET ADDRESS 9781 S.W. 129TH STREET		2.3 STREET ADDRESS 11811 SW 18 ST #1	
CITY-ST-ZIP MIAMI FL 33176		2.4 CITY-ST-ZIP Miami, FL 33175	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: Carlos ROA 03/04/97 (305) 279-2111
SIGNATURE (BY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE DAYTIME PHONE #

CR2E034 (9/96)