SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030035 (6)

MAGUS MARINE CORPORATION

FILED Aug 18 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		L #884#884	
3535 SW 50TH AVE PO BOX 223675					
DAVIE FL 3331		HOLLYWOOD FL 33022			
				DO NOT WRITE	· · · · · · · · · · · · · · · · · · ·
				3. Date Incorporated or Qualified 04/18/1995	3a. Date of Last Report 02/27/1996
	ace of Business	2a. Mailing Address	ee st	4. FEI Number	Applied For
Sulte, Apt.	# ata		pe sv	65-0583434	Not Applicable
22	#, 0 (0.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	•	City & State	T /	6. Election Campaign Financing	\$5.00 May Be
23		28 HLWD	76	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coupiry	8. This corporation owes or has paid	
24	25 9, Name and Address of Currer		30 Broward	Personal Property Tax due June	
LAVA	FIRM OF LAWRENCE J SPIEG		81 Name	10. Name and Address of New Reg	istered Agent
343	ALMERIA AVE	EL CHAKIERED	OI IVAING		
CORAL GABLES FL 33134			ess (P.O. Box Number is Not Acceptabl	e)	
			B3		
			[63]		
			84 City		85 Zip Code
11. Pursuant t	o the provisions of Sections 607 050	2 and 607 1508 Florida Statute	os the about named corn	oration submits this statement for the pu	FL O Z P COOS
office or re	egistered agent, or both, in the State	of Florida. Such change was a	sulhorized by the corporati	ion's board of directors. I hereby accept	the appointment as registered
	n lamiliar with, and accept the oblig	ations of, Section 607,0505, Flo	orida Statutes.		
SIGNATURE .	Signature, typed or printed name of registered age	en and tille if applicable (NOTI	: Registered Agent signature require	and when rejectation)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	DELETE	1.1 TITLE	7,007,7,011,7,011,110,101	Change Addition
NAME	DOS SANTOS, JOHN M.		1.2 NAME		_ · _
STREET ADDRESS	3535 SW 50TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 City-St-ZiP		E 4
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	 		3.4. CITY-S1-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T periore	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME STOREY ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP		77.7
NAME		בן טבנכוב	6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME		
			6.3 STREET ADDRESS		
14. Ldo hereby	v partity that the information supplied	with this filma does not availa	6.4 CiTY-ST-ZiP	in Section 119.07(3)(i), Florida Statutes.	Liuribas partifu that the
l am an off	i indicated on this annual report or s ic er or d irector of the corporation or	HADIAMANIAI ANAHAI TABATI te 18	ue and accurate and that I	my signature shall have the same legal as required by Chapter 607, Florida Sta	offord and if wonder the last a selection is