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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90232 043 ***158.75

DOCUME	NT #	# PC	3500	ากกร	716	1

1. Corporation Name

MICA MAGIC, INC.

				_					
Principal Place	e of Business	Mailing Address		-					
5807 S W 21ST STREET HOLLYWOOD FL 33023 US 5807 S W 21ST STREET HOLLYWOOD FL 33023 US			DO NOT WRITE IN THIS SPACE						
			3. Date Incorporated or Qualifed						
l						05/10/1995			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For
21		26				65-0577399	· · · · · · · · · · · · · · · · · · ·		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional
22		27							equired
City & State	e	City & State				6. Election Campaign Financing			May Bø to Fees
23	Country	28	Coun	try		Trust Fund Contribution	nt von Inte		to rees
⊢ '				uy	8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Curre		301	_		10. Name and Address of New R	egistered /		
<u> </u>			1	81 N	lame				
CRE	SPO, EDUARDO M		ļ.	82 S	A d d	(D.O. Pay Number is Not Asserts	hlo)		
	SW 21 ST		1	82 3	areet Adare	ess (P.O. Box Number is Not Accepta	ole)		
WES	T HOLLYWOOD FL 33023		1	83					
\			١,	84 C	City			85 Zip	Code
					•		FL		
.11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the about	ove-na	amed corpo	pration submits this statement for the parties of directors. I hereby accept	ourpose of	changing its	registered
agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statut	tes.	corporation	it's board of directors. Thereby accept	tale appoin	ilinoin do re	gioto. od
SIGNATURE						_			
	The state of the s								
	Signature, typed or printed name of registered ag	<u> </u>		gent sig	nature required	when reinstating)	DATE	D DIRECTO	DC IN 12
12.	OFFICERS A	AND DIRECTORS	13.		nature required	when reinstating) ADDITIONS/CHANGES TO OFF			
12.	OFFICERS A	<u> </u>	13. 1.1 TITL	E	nature required			D DIRECTO	DRS IN 12
12. TITLE NAME	P CRESPO, EDUARDO	AND DIRECTORS	13. 1.1 TITL 1.2 NAM	E AE					
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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 manged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/59 (954) 961-6312

.CR2E034 (11/98)