

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000038044 (0)

1. Corporation Name
M.G. & F. PROPERTIES, INC.



Principal Place of Business
9445 SW 90th ST MIAMI FL 33176

Mailing Address
9445 SW 90th ST MIAMI FL 33176

3. Date Incorporated or Qualified **05/12/1995** 3a. Date of Last Report

4. FEI Number **65-0581964** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **9445 SW 90th ST.** 2a. Mailing Address **9445 SW 90th ST**

22 **MIAMI** 27 Suite, Apt. #, etc.

23 **MIAMI FL** 28 **MIAMI FL** City & State

24 **33176** 25 **DADE** 29 **33176** 30 **DADE** Zip Country

9. Name and Address of Current Registered Agent

**SCHIFF, JAMES M
9130 S DADELAND BLVD
SUITE 1609
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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

Signature typed or printed below of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD WARSHOFSKY, GERALD**
STREET ADDRESS **9455 SW 90TH ST**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE DELETE
NAME **VSTD WARSHOFSKY, MICHELLE**
STREET ADDRESS **9455 SW 90TH ST**
CITY-ST-ZIP **MIAMI FL 33176**

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

1.1 TITLE **STD** Change Addition
1.2 NAME
1.3 STREET ADDRESS **9445 SW 90th ST.**
1.4 CITY-ST-ZIP

2.1 TITLE **PD** Change Addition
2.2 NAME
2.3 STREET ADDRESS **9445 SW 90th ST.**
2.4 CITY-ST-ZIP

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 Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michelle Warsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHELLE WARSHOFSKY

Date **1/20/96** Daytime Phone # **305 595 5510**

CR2E034 (12/95)