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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MEN # P950000	050185 (4)		
FREEDO	M AGJ, INC.			
Principal Plac	e of Business	Malling Address		
801 BRICKELL	AVE	901 BRICKELL AVE		
9TH FLOOR		9TH FLOOR		DO 1107 11/0/17 11/1/0 AB 1 0F
Miami Fl 33131 US		MIAMI FL 33131 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
**		•		06/27/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0594776 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Z ip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
200	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
Outer, and the second of the s				
82 Street Addres				Address (P.O. Box Number is Not Acceptable)
UNIT 1157 MIAMI EL 93192 83				864 BISCAUME BLUDY SUITE 325
MIAMI FL 33132				
			84 City	orth Miami FL 85 33/8/
11. Pursuant	to the provisions of partians 607 0502	and CO7 160P Etorida Status	too the shows named or	propriation 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 corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the obligati	ions of section 607.0505, F	Iorida Statutes.	Caro Orginat Malon
SIGNATURE	Signature, Types or printed name of registered agent,	and trib if applicable (1	NOTE: Régistered Agent signatur	e required when reinstating) DATE DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD /	DELETE	1.1 TITLE	Change Addition
NAME	SORTER, ALAN W		1.2 NAME	200 0000 000 0100 Cur 325
STREET ADDRESS	1717 N. BAYSHORE DRIVE #11	57	1.3 STREET ADDRESS	NORTH MIAMI, FL 331B1
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	North Minmi, FL 33181
TITLE	VSD	DELET E	2.1 TITLE	Change Addition
NAME	HUSKISSON, GREGORY J		2.2 NAME	
STREET ADDRESS	353 KEELSON DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI		2.4 CITY-ST-ZIP	
TITLE		DELETÉ	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		□ berese	4.4 CITY-ST-ZIP 5.1 TITLE	
NAME		L_ DELETE	5.2 NAME	Change Addition
STREET ADDRESS			5.3 STREET ADDRESS	
			9 1	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	The state of the s
NAME		☐ DECE E	6.2 NAME	☐ Change ☐ Addition
STREET ADORESS			6.3 STREET ADDRESS	
OLIVET ANALESS			0.5 STILLET ADDRESS	

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 changing, or on an attachment with an address.

FILED

Jul 22 1998 8:00am

Secretary of State