

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000065057

1. Corporation Name

MASAGANA CORPORATION

Principal Place of Business

9835 NE 2ND AVE
MIAMI SHORES, FL
33138

Mailing Address

9835 NE 2ND AVE
MIAMI SHORES, FL
33138

3. Date Incorporated or Qualified

8-22-95

3a. Date of Last Report

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0604293

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

9. Name and Address of Current Registered Agent

STANLEY C. JOHNSON, JR.
1444 BISCAYNE BLVD, SUITE 220
MIAMI, FL 33132

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D.P.	<input type="checkbox"/> DELETE
NAME	LOURDES MARCANO	
STREET ADDRESS	511 NE 119 STREET	
CITY-ST-ZIP	BISCAYNE PARK, FL 33161	
TITLE	D & V.P.	<input type="checkbox"/> DELETE
NAME	AGUSTO MARCANO	
STREET ADDRESS	511 N.E. 119 STREET	
CITY-ST-ZIP	BISCAYNE PARK, FL 33161	
TITLE	D & SEC.	<input type="checkbox"/> DELETE
NAME	SAMUEL TAMAYO	
STREET ADDRESS	160 NE. 95 STREET	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	
TITLE	D & TREAS.	<input type="checkbox"/> DELETE
NAME	PERFECTO MARCANO	
STREET ADDRESS	476 NE. 113 STREET	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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****165.00 ****165.00

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 contained 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. I am a duly authorized 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: LOURDES MARCANO
PRESIDENT/DIRECTOR

4/25/97

(305) 759-6263

CR2E034 (9/96)