PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000065057**1. Corporation Name

MASAGANA CORPORATION

Principal Place of Business 9835 N.E. 2ND AVENUE

MIAMI SHORES FL 33138

Mailing Address

9835 N.E. 2ND AVENUE MIAMI SHORES FL 33138

FILED Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90015 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/22/1995

	ace of Business	za. Mailir	ng Address			4. FEI Number		· /	Applied For
21	•	26				65-0604293		1	Not Applicable
Suite, Apt.	#, etc.	Suite.	, Apt. #, etc.	, A.B.		5. Certificate of State	us Desired		Additional Required
City & State			& State			6. Election Campaig	e Einansina	\$5.0	May Be
Z3 ,		28	d Olate			Trust Fund Contri	- 1		to Fees
Zip	Country	Zip		Count	ry	8. This corporation of	owes the current y	/ear Intangible	_
24 25 29 3						Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered	Agent			10. Name and Addre	ess of New Regi	stered Agent	
JOHNSON, STANLEY E JR				L	82 Street Address (P.O. Box Number is Not Acceptable)				
e ⁶⁶⁵ 1444	I BISCAYNE BLVD.				Subtradu	COS (1 .O. BOX 140111BC) II			at authorites
SUIT	E 220			8	3	1 6 1 2			1.4 . 1
MIAMI FL 33132									<u> </u>
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00 / 190 00 p.			on Flands Charles		uo nomed es-	protion submits this state	ement for the nur	nose of changing	its registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	t Florida Suc	ch change was at	uthorized t	ov the corporation	on's board of directors. I	hereby accept the	e appointment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section	on 607.0505, Flo	ida Statut	es.				-
SIGNATURE.									
SIGNATURE,	Signature, typed or printed name of registered agent	and title if applical	ble. (NOTE:	Registered A	ent signature require			DATE	
12.	OFFICERS AND	DIRECTOR	RS	13.		ADDITIONS/CHAN	IGES TO OFFICE		
TITLE	DP		☐ DELETE	1,1 TITUE	:			☐ Chang	e
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STREET ADDRESS	511 N.E. 119TH STREET			1.3 STRE	ET ADDRESS			•	
l l	BISCAYNE PARK FL 33161			1.4 CITY					
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TOTAL CONTRACTOR	D)/D `								
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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, with all other like empowered.