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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080664 (2)

MGG SERVICES CORP.

Principal Place of Business	Mailing A
13018 S.W. 133 COURT	13018 S.V

FILED Mar 30 1998 8:00am Secretary of State



ddress W. 133 COURT MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/20/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0615380 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zıp 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. ☐ Yes □ No 24 20 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name MANSO, SARA A 13018 SW 133 CT. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City 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) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ■ DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE 1.2 NAME NAME MANSO, SARA 13018 SW 133 CT. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP 1 A CITY - ST - ZIP Channe Addition DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

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 suppliemental 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 attribution with an address.

SIGNATURE:

3-23-98