

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000084523 (6)

1. Corporation Name

MPG CORPORATION



Principal Place of Business

10925 NW 27 STREET STE 101  
MIAMI FL 33172

Mailing Address

10925 NW 27 STREET STE 101  
MIAMI FL 33172

3. Date Incorporated or Qualified 11/03/1995	3a. Date of Last Report
4. FEI Number 65-0633961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

DORTA, HUGO E  
1001 S BAYSHORE DR STE 2706  
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name	ANTON, EDUARDO		
82 Street Address (P.O. Box Number is Not Acceptable)	1385 CORAL WAY		
83	SUITE 404		
84 City	FL	85 Zip Code	33145
MIAMI			

11. Pursuant to the provisions of Sections 607.0502 and 607.508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 consent to) the change.

SIGNATURE

Signature typed for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

3/8/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D VEGA, MANUEL A <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, MANUEL A	12 NAME	MANUEL A. VEGA
STREET ADDRESS	10925 NW 27 STREET STE 101	13 STREET ADDRESS	6790 SW 93 AVE
CITY-STATE-ZIP	MIAMI FL 33172	14 CITY-STATE-ZIP	MIAMI, FLA 33133
TITLE	D GALAN, MANUEL P <input type="checkbox"/> DELETE	2.1 TITLE	VKE-PRESIDENT / TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALAN, MANUEL P	22 NAME	MANUEL PEREZ-GALAN
STREET ADDRESS	10925 NW 27 STREET STE 101	23 STREET ADDRESS	6331 NW 198 TERR.
CITY-STATE-ZIP	MIAMI FL 33172	24 CITY-STATE-ZIP	MIAMI, FLA
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

(305) 599-4844

CR2E034 (12/95)