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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000091112 (9) **DOCUMENT #** 

MAGNETICS INTERNATIONAL, INC.

Mailino Address



Principal Place of I	Business	Mailing Madress						
	AVENUE #1406	10205 COLLINS AVENUE MIAMI BEACH FL 33154	#1406					
MIAMI BEACH FL 33154		And Carter		3. Date incorporated or Qualified 11/30/1995	3a. Date of Last Report			
		2a. Mailing Address			4. FEI Number		Ar	pplied For
, Principal Place	e of Business	1 26 4500 Bis	A 4445T	11.157 :	65-062715	6	N	ot Applicable
Suite, Apt. #, 6		Suite, Apt. #, etc.	CATOS	ال الأعاجية ا	5. Certificate of Status Desired			Additional equired
333 City & State	F	City & State  28 M A M L	Fic	RIDA	Election Campaign Financing     Trust Fund Contribution		Added	May Be to Fees
Zip	Country	Zip 29 33\37	Gountr		1101103 011111111	No		199.032,
3313	9. Name and Address of Curren		L	M D	10. Name and Address of New R	egistered A	gent	
5.				81 Name				
MEHLER, ANITA 10205 COLLINS AVENUE #1406 MIAMI BEACH FL 33154			82	Street Addre	eet Address (P.O. Box Numbor is Not Acceptable)			
			83	3				
			<u> </u>				<b>85</b> Zip	Code
•			8	'		FL		
or rogistered familiar with,	agent, or both, in the State of Fice and accept the obligations of, Sect	ion 607.0505, Florida Statutes.		poration's board	ation submits this statement for the pur d of directors. I hereby accept the app of white reinscaling)	ointment as	registerea	agent, ram
Sky	grature, typed or printed name of registered agent	D DIRECTORS	13.	part organization	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
2.		DELETE	1, 1 TILL	E T			] Change	Addition
DILE	PTSD ANITA		1.2 NAM					
NAME	MEHLER, ANITA	1406		FT ADDRESS				
TREE I ADDRESS	10205 COLLINS AVENUE #	1400		- \$1- ZIP				
1TY-S1-7P	MIAMI BEACH FL 33154	TI DELETE	2.11lTL				Change	Addition
TILE		C over 1	2.2 NAM					
IAME				E1 ADDRESS				
STREET ADDRESS			2.4 CITY					
OTY-ST-ZIP								Marries - 1 1111
ITL <del>{</del>		T DELETE.			(day)	Ī	Change	[] Additio
		DELETE	3. 1 T(1)	F		[	Change	[_] Additio
AME ]		D DETEIR	3. 1 T(1) 3.2 NAM	E LE		Γ	Change	[_] Additio
l		[] DELFIE	3. 1 TOU 3.2 NAM 3.3. STB	E EEFT ADDRESS		Ī	Change	[_] Additio
STREET ADDRESS CITY-ST-71P			3. 1 TOU 3.2 NAM 3.3. STB	E LET ADDRESS (-ST-ZIP			Change Change	
STREET ADDRESS CITY-ST-71P TITLE		□ DELETE	3. 1 THL 3.2 NAM 3.3. STH 3.4 CHN 4. 1 THL	E LE ADDRESS (-ST-ZIP LE				
STREET ADDRESS CITY-ST-7P TITLE NAME			3. 1 TOLE 3.2 NAM 3.3. STB 3.4 CITY 4. 1 TOLE 4.2 NAM	E LE LEFT ADDRESS (-ST-ZIP LE				
CIREET ADDRESS CITY-S1-ZIP TILE NAME			3. 1 THL 3.2 NAN 3.3 STH 3.4 CHN 4. 1 THI 4.2 NAN 4.3 STH	E				Additio
STREET ADDRESS  OITY-ST-ZIP  TITLE  NAME  STREET ADDRESS OITY-ST-ZIP		DELETE	3. 1 THU 3.2 NAM 3.3. STH 3.4 CHN 4. 1 THU 4.2 NAM 4.3 STH 4.4 CHN	E  SEFI ADDRESS  (-S1-ZIP  LE  ME  EET ADDRESS  y-S1-ZIP		[		Additio
STREET ADDRESS DITY-ST-7/P TITLE NAME STREET ADDRESS DITY-ST-7/P TITLE			3. 1 THU 3.2 NAM 3.3 STH 3.4 CHN 4.1 THU 4.2 NAM 4.3 STH 4.4 CEN 5.1 TH	E  SEFI ADDRESS  (-ST-ZIP  LE  ME  EET ADDRESS  y-ST-ZIP  LE  LE  LE  LE  LE  LE  LE  LE  LE  L		[	<u>Change</u>	Additio
STREET ADDRESS CHY-ST-7IP THE NAME STREET ADDRESS CHY-ST-7IP THE		DELETE	3. 1 THU 3.2 NAM 3.3. STR 3.4 CHM 4.1 THU 4.2 NAM 4.3 STR 4.4 CFM 5.1 TH 5.2 NAM	E  SEFI ADDRESS  (-S1-ZIP  LE  BET ADDRESS  (-S1-ZIP  LE  LE  LE  LE  LE  LE  LE  LE  LE  L		[	<u>Change</u>	Addition
STREET ADDRESS DITY-ST-7P THE NAME STREET ADDRESS DITY-ST-7P THE		DELETE	3. 1 THU 3.2 NAM 3.3. STH 3.4 CHV 4.1 THU 4.2 NAM 4.3 STH 4.4 CHV 5.1 THI 5.2 NAM 6.3 STH	E  SET ADDRESS  (-ST-ZIP  SET ADDRESS  (-ST-ZIP  SET ADDRESS  (-ST-ZIP  SET ADDRESS  (-ST-ZIP  SET ADDRESS		[	<u>Change</u>	Additio
STREET ADDRESS DITY-ST-7IP TITLE NAME STREET ADDRESS DITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP		□ DELETE	3. 1 THU 3.2 NAM 3.3. STR 3.4 CHM 4.1 THU 4.2 NAM 4.3 STR 4.4 CHM 5.1 THI 5.2 NAM 5.3 STR 5.3 STR 5.4 CHM	E  SEFI ADDRESS  (-ST-ZIP  SEFI ADDRESS  (-ST-ZIP		[	<u>Change</u>	Additio
STREET ADDRESS DITY-ST-7IP TITLE NAME STREET ADDRESS DITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-2IF		DELETE	3. 1 THL 3.2 NAM 3.3. STH 3.4 CHY 4. 1 THL 4.2 NAM 4.3 STH 4.4 CHY 5.1 THL 5.2 NAM 5.3 STH 5.4 CHY 6.1 THL	E  SE ADDRESS  (-S1-ZIP  LE  ME  EET ADDRESS  (-S1-ZIP  LE  WE  LE  WE  LE  LE  LE  LE  LE  LE		[	Change	Additio
SAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-2IF TITLE NAME		□ DELETE	3, 1 THL 3,2 NAM 3,3, STH 3,4 CHV 4, 1 THL 4,2 NAM 4,3 STH 4,4 CHV 5,1 THL 5,2 NAM 5,3 STH 5,4 CHV 6,1 THL 6,2 NAM	E  SE ADDRESS  F-ST-ZIP  LE  SET ADDRESS  F-ST-ZIP  LE  WE  LE  WE  LE  ME  LE  ME  LE  ME  ME  ME  ME  M		[	Change	Additio
SIREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE		☐ DELETE	3. 1 TITL 3.2 NAM 3.3. STH 3.4 CITL 4.1 TITL 4.2 NAM 4.3 STH 4.4 CITL 5.1 TITL 5.2 NAM 5.3 STH 5.4 CITL 6.1 TITL 6.2 NAM 6.3 STH 6.3 STH 6.4 CITL 6.4 CITL 6.5 NAM 6.3 STH 6.4 CITL 6.5 NAM 6.3 STH 6.4 CITL 6.4 CITL 6.5 NAM	E E E E E E E E E E E E E E E E E E E	for the exemption stated in Section 11	1	☐ Change ☐ Change ☐ Change	Additio

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)(ii), I note a statutes, it of the 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 certify that I am an officer or director of the conjugation 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.

MOHLER 4/28/96 305-873-6527