SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Sep 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013924 (1)

MAGIC	A MULTIMEDIA, INC.	(.,				1 120 HEBE PRO 18110 BIYAT BOYAT BOYAT BOYAT BOYAT			#16 #16 1 0
Principal Plac	ce of Business	Mailing Address							
8412 NORTHWEST 17TH STREET 8412 NORTHWEST 17TH 8' MIAMI FL 33166 MIAMI FL 33166			I STREET	TREET					
					 -	DO NOT WRITE			
			•		1	3. Date Incorporated or Qualified	3a.	Date of Last R	ieport
2. Principal F	Place of Business	2a. Mailing Address				02/14/1996 4. FEI Number			N: 4 F'
21 Suite, Apt. #, etc.		26	h			65-0641127		No.	pplied For ot Applicable
22	π, σ ₁ C.	27			5. Certificate of Status Desired	Y		Additional equired	
City & State		City & State				6. Election Campaign Financing			Мау Ве
23		28			Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Country			8. This corporation owes or has pa	aid the c		
24	25	29	30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre	 	-			Name and Address of New Re	gistere	d Agent	
	E LAW FIRM OF LAWRENCE J	SPIEGEL CHRTD	81	Name					
	3 ALMERIA AVENUE		82	Street	Address	ddress (P.O. Box Number is Not Acceptable)			
CU	PRAL GABLES FL 33134		62						
			83						
			84	City			FI	1 1 1 1	Code
11. Pürsuant office or r agent. La SIGNATURE	to the provisions of Soctions 607.05 registered agent, or both, in the Staum familiar with, and accept the obli	502 and 607.1508, Florida Statu to of Florida. Such change was igations of, Section 607.0505, F	ites, the above authorized by lorida Statutes	e-named the corp s.	corpora poration's	tion submits this statement for the p s board of directors. I hereby accep	ourpose pt the ap	of changing it pointment as	s registered registered
	Signature, typod or printed name of registered a		TE: Registered Age	int signature	required wi		DATE		
12.		ND DIRECTORS				ADDITIONS/CHANGES TO OFFIC	JERS AN		
TITLE	PD OFFICE OFFICE V	▼ DELETE	1.1 TITLE	1.1 TITLE				☐ Change	Addition
BENIGNO, STEPHEN V		rkerp	1.2 NAME						
STREET ADDRESS 8412 NORTHWEST 17TH ST		HLEI	1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	MIAMI FL 33166 STD	DELETE	1.4 CITY - S		-	X		- I De Obsesse	A delision
NAME	CARIDAD, OSCAR WALTER		2.1 TITLE 2.2 NAME			STD	م بير حد	Change	Addition
STREET ADDRESS	8412 NORTHWEST 17TH ST	rbccy	2.2 NAME 2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 ADDRESS 2.5 ADDRESS 2.5 ADDRESS 2.6 ADDRESS 2.7 ADDRESS 2.7 ADDRESS 2.8 ADD		CAR	IDAD, OSCARWAL DI NW BA AVE	TEK	i.	
CITY-ST-ZIP MIAMI FL 33166			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		200	MI, FI 33122			
TITLE	DELETE		2. 4 CHY- 5 3.1 TITLE	T-ZIP	LIIV	PH) PI DOLUGE		Change	Addition
NAME			3.2 NAME					L. Orange	Pasition
STREET ADDRESS			3.3 STREET	≜ ODRESS	ĺ				
CITY-ST-ZIP			3.4. CITY- S						
TITLE	DELETE			4.1 TITLE		1		Change	Addition
NAME		•	4. 2 NAME		1				
STREET ADDRESS			4.3 STREET	address					
CITY-ST-ZIP			4.4 DITY-S						
TITLE		DELETE	5.1 TITLE		·			☐ Change	☐ Acidition
NAME			5.2 NAME		ĺ				
STREET ADDRESS			5.3 STREET	ADDRESS	ĺ				
CITY-ST-ZIP			5.4 CITY - S	I-ZIP					
TITLE		DELETE	6.1 TITLE					Change	Acdition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 2017.

I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required SCARDAD that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. President

6.4 CITY-ST-ZIP