

3-26-97 B-3603 e
 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 26 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000017400 (8)

1. Corporation Name
 MUGRABI ENTERPRISES, INC.



Principal Place of Business

8877 COLLINS AVENUE
 SUITE 1206
 MIAMI FL 33154

Mailing Address

8877 COLLINS AVENUE
 SUITE 1206
 MIAMI FL 33154-3521

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MURABI, VICKY
 8877 COLLINS AVENUE
 SUITE 1206
 MIAMI FL 33154

3. Date Incorporated or Qualified

02/23/1996

3a. Date of Last Report

4. FEI Number

65-0645248

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office of 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.

I, the above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE

Signature (type or printed name of registered agent and fee if applicable)

NOTE: Registered Agent's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: PSD	1.1. <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: MUGRABI, VICKY	1.2. NAME
3. STREET ADDRESS: 8877 COLLINS AVENUE, #1206	1.3. STREET ADDRESS
4. CITY-STATE-ZIP: MIAMI FL 33154	1.4. CITY-STATE-ZIP
5. TITLE: <input type="checkbox"/> DELETE	2.1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	2.2. NAME
7. STREET ADDRESS:	2.3. STREET ADDRESS
8. CITY-STATE-ZIP:	2.4. CITY-STATE-ZIP
9. TITLE: <input type="checkbox"/> DELETE	3.1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	3.2. NAME
11. STREET ADDRESS:	3.3. STREET ADDRESS
12. CITY-STATE-ZIP:	3.4. CITY-STATE-ZIP
13. TITLE: <input type="checkbox"/> DELETE	4.1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	4.2. NAME
15. STREET ADDRESS:	4.3. STREET ADDRESS
16. CITY-STATE-ZIP:	4.4. CITY-STATE-ZIP
17. TITLE: <input type="checkbox"/> DELETE	5.1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:	5.2. NAME
19. STREET ADDRESS:	5.3. STREET ADDRESS
20. CITY-STATE-ZIP:	5.4. CITY-STATE-ZIP
21. TITLE: <input type="checkbox"/> DELETE	6.1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME:	6.2. NAME
23. STREET ADDRESS:	6.3. STREET ADDRESS
24. CITY-STATE-ZIP:	6.4. CITY-STATE-ZIP

14. I do hereby certify that the information's applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is stated 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.

I further certify that the information is stated 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0208200

CR2E034 (9/96)