

6-3-97 B-7737 mc
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Jun 03 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 # P96000019714 (0)

1. Corporation Name
MAGIC LINE CORPORATION

Principal Place of Business
1901 BRICKELL AVE. 1901 Brickell Ave
SUITE 200 B-10A S-J
MIAMI FL 33131 Miami FL 33129

Mailing Address
1901 BRICKELL AVE. 1901-Brickell Ave.
SUITE 200 B-10A-S-J
MIAMI FL 33131-3322 Miami FL 33129



| | | | |
|--------------------------------|------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 03/04/1996 | |
| 22 City & State | 27 City & State | 4. FEI Number | Applied For |
| 23 Zip | 28 Zip | 65-0657819 | Not Applicable |
| 24 Country | 30 Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | |
| | | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| | | Trust Fund Contribution | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| CASTILLO B., ALVARO 1390 BRICKELL AVE. SUITE 200 MIAMI FL 33131 | 81 Name ENZO BARRZZO VARGAS 82 Street Address (P.O. Box Number is Not Acceptable) 1901 Brickell Ave B1701 83 Miami FL-33129 84 City 85 Zip Code FL |

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 *E. Barrzo Vargas*
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D VARGAS, ENZO B 1901 Brickell Ave B1701 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | % 1390 BRICKELL AVE. SUITE 200 | 1.2 NAME | |
| STREET ADDRESS | MIAMI FL 33131 Miami FL-33129 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | D MICELI, MARINELLA 1901 Brickell Ave B1701 | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | % 1390 BRICKELL AVE. SUITE 200 | 2.2 NAME | |
| STREET ADDRESS | MIAMI FL 33131 Miami FL-33129 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 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 *E. Barrzo Vargas* 81A-1213

CR2E034 (9/96)