


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 25 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 # P96000033364 (6)
 1. Corporation Name
M.G. INTERNATIONAL SALES CORP.



Principal Place of Business 5440 S.W. 156 PLACE MIAMI FL 33185	Mailing Address 5440 S.W. 156 PLACE MIAMI FL 33185-4165
--	---

2. Principal Place of Business 21 SAME AS ABOVE	2a. Mailing Address 26 SAME AS ABOVE	3. Date Incorporated or Qualified 04/12/1996	3a. Date of Last Report <i>This is the first</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0663683	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	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
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent PRAHL, JOHN T 3251 PONCE DE LEON BLVD. #150 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	

81 Name MANUEL GARCIA, JR.
82 Street Address (P.O. Box Number is Not Acceptable) 5440 SW. 156 Place
83
84 City Miami
85 Zip Code FL 33185

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GARCIA, MANUEL JR	1.2 NAME	
STREET ADDRESS	5440 S.W. 156 PLACE	1.3 STREET ADDRESS	N/A
CITY-ST-ZIP	MIAMI FL 33185	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 of this report, or in an attachment with an address.

SIGNATURE: *[Signature]*

CFR2E034 (9/96)