

5-15-97 B-7348 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000065538 (6)

1. Corporation Name  
MAGIC ICE CREAM INC.



Principal Place of Business

8870 NORTHWEST 191 STREET  
HIALEAH FL 33015

Mailing Address

8870 NORTHWEST 191 STREET  
HIALEAH FL 33015-6253

2. Principal Place of Business

21 8900 Washington Ave

Suite, Apt. #, etc.

22 Miami Beach

City & State

23 FL

Zip

24 33139

Country

25 Dada

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

08/06/1996

3a. Date of Last Report

4. FEI Number

65-0694114

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

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



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERICA LLOYD CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

82 AVEGNANO VINICIO E

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

84 8870 N.W. 191 ST.

85

City Hialeah

FL

86 Zip Code

33015

11. Pursuant to the provisions of Section 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, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE
NAME	AVEGNANO, VINICIO E	
STREET ADDRESS	8870 NORTHWEST 191 STREET	
CITY - ST - ZIP	HIALEAH FL 33015	
TITLE	VD	DELETE
NAME	AVEGNANO, GLORIA	
STREET ADDRESS	8870 NORTHWEST 191 STREET	
CITY - ST - ZIP	HIALEAH FL 33015	
TITLE	SD	DELETE
NAME	AVEGNANO, MARIO	
STREET ADDRESS	8870 NORTHWEST 191 STREET	
CITY - ST - ZIP	HIALEAH FL 33015	
TITLE	TD	DELETE
NAME	RAMZY, AMIR H	
STREET ADDRESS	8870 NORTHWEST 191 STREET	
CITY - ST - ZIP	HIALEAH FL 33015	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)