FILE NOW: FILING FEE AFTER MAY 1 IS $~~[illegible]~~ 150.00

1 of 2

PROFIT CORPORATION ANNUAL REPORT 1998

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

APPROVED AND FILED

98 JUL 28 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092468

1. Corporation Name: MAGIC FINGERS, INC.

Principal Place of Business: 1380 NE MIAMI GARDENS DR. #170, N. MIAMI BEACH FL 33179

Mailing Address: 1380 NE MIAMI GARDENS DR. #170, N. MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 11-12-96

3a. Date of Last Report: N/A

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0747082 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SHIRLEY MATHIEU
1380 NE MIAMI GARDENS DR. #170
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: VIVIANNE LAZARRÉ
82 Street Address (P.O. Box Number is Not Acceptable): 1380 NE MIAMI GARDENS DRIVE
83 SUITE 170
84 City: N. MIAMI BEACH FL
85 Zip Code: 33179

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] V. LAZARRÉ 6-23-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☑ DELETE
NAME	SHIRLEY MATHIEU	
STREET ADDRESS	1380 NE MIAMI GARDENS DR. #170	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDT	☑ Change ☐ Addition
1.2 NAME	VIVIANNE LAZARRÉ	
1.3 STREET ADDRESS	1380 NE MIAMI GARDENS DR. #170	
1.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
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		

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CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] V. LAZARRÉ 6-23-98 305-535-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT, IN SPEAKING TO YOUR DEPARTMENT ON 6-9-98, WE EXPLAINED THAT WE HAD A SERIOUS PROBLEM WITH MAIL THEFT IN 1997 AND OUR ANNUAL REPORT FORM WAS MOST LIKELY STOLEN.

IN ADDITION, WE HAD TO SHUT DOWN TEMPORARILY DUE TO THE UNTIMELY DEATH OF OUR MANAGER.

YOUR REPRESENTATIVE MENTIONED OVER THE PHONE THAT THE STATE COULD GRANT AMNESTY. WE WOULD LIKE TO REQUEST THIS DUE TO OUR MISFORTUNE IN 1997.

WE THEREFORE PRESENT THE ANNUAL REPORT HEREIN WITH OUR $150.00 FEE.

RESPECTFULLY,

VIVIANNE LAZARRE
MAGIC FINGERS, INC.