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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

98 APR 17 PM 2: 02

FILED

DOCUMENT # P97000025461 (9) MGM EXPORT, INC.				SECRETARY OF STATE TALLAHASSEE. FLORIDA	
· '	ce of Business	Mailing Address			
16228 SW 75 SUITE 101	81	16228 SW 75 ST SUITE 101			
MIAMI FL 331	193	MIAMI FL 33193		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
9 Dringing C	Place of Business	1 64 144 644 8554 155		03/21/1997	
21 Principal 7	Tace of Business	2a. Mailing Address		4. FEI Numbor 65-0737265	Applied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22	·	27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	8. This corporation owes or has paid the	
24	9. Name and Address of Curren	29 It Registered Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registers	
AMERILAWYER CHARTERED 81 Name					
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Add	Street Address (P.O. Box Number is Not Acceptable)	
			Shact Not		
			83		
			84 City		■ 85 Zip Code
			'	F	
11. Pursuant office or r agent. La	to the provisions of Sections 607.050. registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida: Such change wa: ations of, Section 607.0505, I	lutes, the above-named co s authorized by the corpor Florida Statutes.	rporalion submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE					
12.	Signature, typod or printed name of registered age. OFFICERS ANI		OII Registered Agent signature req	DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPST	DILETE	1.1 TITLE		
NAME	MARRERO, MIGLENE		1.2 NAME	50000249:	52355 -01055017
STREET ADDRESS	18228 SW 75 ST - SWHO	2 101	1.3 STREET ADDRESS	****150.00	*****150.00
CITY-ST-ZIP	MIAMI FL 33193		1.4 CITY+S1-ZIP	**************************************	າ <u>ພະພະພະ</u> 120°00
TITLE		DELETÉ	2.1 1ITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STHELL ADDRESS		
CITY-ST-ZIP		DELETE	2 4 CHY-SI-7IP		
TITLE NAME		LJ UELETE	3.1 TILLE		L Change L Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-S1-ZIP		
TITLE		DELETE	4.1 MILE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST - ZIP		
TITLE		DELETE	5.1 THLE		Change Addition
NAME			5.2 NAME		_
STREET ADDRESS			5.3 STREET ADDRESS		1/1
CITY-ST-ZIP		Testiere	5 4 CHY-S1-ZIP		P-1/N
TITLE		DELETE	6 1 TITLE		Addition
NAME CTREET ADDRESS			6.2 NAME	V	MM ,
STREET ADDRESS			6.3 STREET ADDRESS 6.4 City - S1 - ZIP	Ĺ	ן יי ווג
CITY-ST-ZIP	İ		■ 6.4 CHY-SI-ZIP 4		* *

14. I 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 eath; 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 13 if changed, or on an attachment with an address.