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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000031461 (1)

MGF INTERNATIONAL INC.

FILED Feb 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
3881 CRYSTAL LAKE DR., STE. 4 3881 CRYSTAL LAKE DR., 1				STE. 4		
POMPANO BEACH FL 33064			POMPANO BEACH FL 33064			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						04/08/1997
2. Principa	l Place of Business	2a. Mailing Address	2s. Mailing Address			4. FEI Number Applied For
21		26			65-0766629 Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Regulred \$8.75 Additional Fee Regulred
City & State			City & State			
23		hara i	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		B. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🔲 No
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
•	NETTIG, CLAUDIA			B1	Name	
•	ONE BRICKELL SQ., 801 BRICKE	ELL AVE.	82 Street Ad		Street A	Address (P.O. Box Number is Not Acceptable)
	9TH FLOOR, STE. 952			B3	,	
	MIAMI FL 33131			63		
				64	City	FI 85 Zip Code
11 Pursua	int to the provisions of Sections 607.050	2 and 607 1508. Florida	Statutes, the al	bove bove	-named c	
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, typed or printed name of registering agent and titlind applicable. (NOTE Registered Agent sign					nt signature r	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	Tresident, Scretury Hichaela Guischk	☐ DELE:				Cutade Chaponion
NAME	المساء بالممارة المالية			AME	ADDRESS	
STREET ADDRES	Hompano Brach, Fr	33064			ADDRESS	
CITY-ST-ZIP TITLE	Mice Prosident, Traveur			ITY-S ITLE	1-217	☐ Change ☐ Addition
NAME	Christian Forzog		2.2 N			· -
STREET ADDRES	1000 0 1 4 4 1 5	L ₄			ADDRESS	
CITY-ST-ZIP	Pompuno Beach, F	FL 33064			ST-ZIP	
TITLE		DELE				☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRES	ss		3.3 \$1	TREET	ADDRESS	
CITY-ST-ZIP				HTY-S	ST - ZIP	
TITLE		☐ DELE	1			☐ Change ☐ Addition
NAME			4. 2 N	MAME		
STREET ADDRES	SS		4.3 ST	TREET	ADDRESS	
CITY-ST-ZIP					T-ZIP	
TITLE						☐ Change ☐ Addition
NAME			. 52 N			
STREET ADDRES	28				ADDRESS	,
CITY-ST-ZIP		DELE			T-ZIP	☐ Change ☐ Addition
TITLE		C) Of the				C CHRONIA C MONTON
NAME			62 N		1000000	
STREET ADDRES	SS				ADDRESS	
CITY-ST-ZIP			■ 64C	ITY-S	I-ZIP	od in Continu 110 07/9/() Elorida Statutos I further cartifu that the information

1. 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: Whala Publica

Michaela Guisch

1-8-98

954-946 264