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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

May 20 1998 8:00am

Secretary of State

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT # P97000044869 (0)

MAGIC	HUMES, INC.				
Principal Place	of Business	Mailing Address			
7041 GRAND NATIONAL DR., STE. 130 7041 GRAND NATIONAL (OR STE	130	
ORLANDO FL 32819 ORLANDO FL 32819			J. 1100		
]					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
9 Principal Pla	no of Rusinoss	2a. Mailing Address			05/20/1997 4. FEI Number Applied For
2. Principal Place of Business		26			
Suite, Apt. #, etc		Suite, Apl. #, etc.			- \$0.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔲 No
	9. Name and Address of Curre	nt Registered Agent		- L	10. Name and Address of New Registered Agent
KOLTUN, JEFFREY M			8	1 Name	
1061 MAITLAND CENTER COMMONS, STE. 106			8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)
MAI	TLAND FL 32751		<u></u>	<u></u>	
₹			8	3	
			8	4 City	85 Zip Code
46 Day and 4 Day () 4 Day			00 15 050		FL W
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. Fam	familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statut	es. Lange	1/22/02
SIGNATURE _	lonature, typed or profed name of regelterial age	frust			CELO SOUZA 4/27/98 quired when constitling) DATE
12.		ID DIRECTORS	13.	gen signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITLE		Change Addition
NAME	MAGON, VÈROJILDES A	(B)	1,2 NAM		
STREET ADDRESS	7041 GRAND NATIONAL DR	., STE. 130 💛 🔒	1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY	· ST-ZIP	
TITLE	P	(DELETE)	2.17(7) 0		Change Addition
NAME	OLIVEIRA, MABINES G	wate.	2.2 NAM		
STREET ADDRESS	7041 GBAND NATIONAL DR	., STE. 130 PO CUTE	2.3 STRE	E1 ADDRESS	
CITY-ST-ZIP	OLIVEIRA, MABINES G 7041 GBAND NATIONAL DR., STE. 130 DO DUTE OBLANDO FL 32819		2. 4 CITY	- ST- ZIP	·
TITLE	W -	DELCTE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAM	.	
STREET ADDRESS	7041 GRAND-NATIONAL DR	., STE. 130 (\\2\2\2\2\)	3.3 STRE	EL ADDRESS	
CITY+SI-ZIP	ORLANDO FL 32819		3.4. CITY	- ST - ZIP	
TITLE	_ \$	☐ DELETE	4.1 TOLE		☐ Change ☐ Addition
NAME	SOUSA, MARCELO M		4. 2 NAM	E	
STREET ADDRESS	7041 GRAND NATIONAL DR	., STE. 130	4.3 STRE	ET ADDRESS	
CITY+ST-ZIP	ORLANDO FL 32819	···	4.4 CITY	ST-ZIP	
TITLE	· V	DELETE 5.1			Change Addition
NAME	111 - 111 - 111		5.2 NAM		
STREET ADDRESS	1061 MAITLAND CENTER CO	ommoms, Ste. 106	5 3 STRE	1 ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751		54 CITY	ST-7IP	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAMI		
STREET ADDRESS			6.3 STRE	T ADDRESS	

6.4 CITY-ST-ZIP 14. Thereby 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.