FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham 4 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000067075 (6) DOCUMENT # MGA HOLDINGS INC. Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE SUITE 0-305 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1997 2. Principal Place of Business 2a. Mailing Address 3000 NW 109th AYE 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 204 27 City & State City & State 8. Election Campaign Financing MIAMI FLORIDA 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible USA 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Nama ROJAS, MARCO E **520 BRICKELL KEY DRIVE SUITE 0-305** 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33131 83 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 registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE President GREIDINGER, MONICA NAME 1.2 NAME 520 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE MALLE 4. 2 NAME

## FILED May 01 1998 8:00am Secretary of State



Applied For

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

□ No

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 X Addition Change Change Addition Change Addition Change Addition STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST-ZIP DELETE Change Addition 5.1 TITLE NAME 52 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Channe Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 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 oath; that I am an officer or director of the corporation or to the receiver or trustate ompowered 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 attaghment with an address.

SIGNATURE: