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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State * *
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000078216 (3)

MAGRA COMPUTER TECHNOLOGIES U.S.A., INC.

Principal Place of Business Mailing Address 4770 BISCAYNE BOULEVARD. PH-F 4770 BISCAYNE BOULEVARD, PH-F MIAMI FL 33137 **MIAMI FL 33137** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0830801 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible 30 □ No 24 25 29 Personal Property Tax due June 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SWARZMAN, MARTIN 4770 BISCAYNE BOULEVARD, PH-F 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33137 83 City Zip Code 85 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 portion name of registerea agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 HILE TITLE SWARZMAN, MARTIN NAME 1.2 NAME 4770 BISCAYNE BOULEVARD, PH-F STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP 1.4 CITY - ST-ZIE Change DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET 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.

21.100