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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000098220 (1)

MAGUITA INC.

FILED Apr 20 1998 8:00am Secretary of State



Principal Pl	lace of Business	Mailing Address		-		-	0 11840 14011 8411 1001	
•		_	#800					
MIAMI FL	18 STREET, #308 33175	12355 SW 18 STREET. MIAMI FL 33175	#308					
WICHIN 12 SOLL				DO NOT WRITE IN THIS SPACE		DE		
						3. Date Incorporated or Qualified		
A - A						11/12/1997		
	Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		Suite, Apt. #, etc.	26			65-0799394	Not Applicable	
·)1. #, etc.			5. Certificate of Status Desired	8.75 Additional	
22 27 City & State City & State			a				Fee Required	
23	Rate	├ -¬ '	City & State				5.00 May Be	
Zip	Country	28 Zip	Cou	intry	,		Added to Fees	
24	25	29	30	zi ito y		8. This corporation owes or has paid the current Personal Property Tax due June 30.		
24	9. Name and Address of Curi					10. Name and Address of New Registered Agent		
					Name		·-	
MARGARITA, MARIA								
12355 SW 18 STREET, #308 MIAMI FL 33175				82	Street Addre	et Address (P.O. Box Number is Not Acceptable)		
	MIAMI LE 221/2			83	<u> </u>			
				84	City	FL 85	Zip Code	
11. Pursua	nt to the provisions of Sections 607.0	502 and 607 1508. Florida Statu	ites the at	have	e-named corpc	· · · · · · · · · · · · · · · · · · ·	nging ite registered	
office o	or registered agent, or both, in the Sta	ate of Florida. Such change was	authorize	d by	the corporation	oration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointm	nent as registered	
•	I am familiar with, and accept the ob	igations of, Section 607.0505, F	iorida Stat	lutes	i .			
SIGNATUR	Signature, typed or printed name of registered	agen; and bile if applicable. (NO	TE: Flegistere	d Age	ent signature required	d when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
TITLE	DELETE 1		3.130	TLE			Change Addition	
NAME	MARGARITA, MARIA		1.2 N	1.2 NAME				
STREET ADDRES			1.3 \$1	1.3 STREET ADDRESS				
CITY-ST-ZIP	-ZIP MIAMI FL 33175		1.4 CI	17-S1	T-ZIP			
TITLE			2.1 TI	TLE			Change	
NAME	DE COLUB, MERCEDES		2.2 N/	2.2 NAME				
STREET ADDRES			2.3 \$1	2.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		
CITY+ST-ZIP	MIAMI FL 33175		2. 4 CITY-ST-ZIP		ST - ZIP			
TITLE	D			TLE			Change Addition	
NAME	VENEGAS, MARIA CAROLINA 32		3.2 NA	AME	İ			
STREET ADDRES	s 12355 SW 18 STREET, #3	08	3.3 ST	REET .	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175		3.4. C	TY-S	iT-ZIP]	
TITLE		☐ DELETE	4.1 711	TLE	T		Change	
NAME			4. 2 N	AMÉ				
STREET ADDRES	s		4.3 ST	REET	ADDRESS		!	
CITY-ST-ZIP			4.4 CI	TY-51	r-zip			
TITLE		☐ DELETE	5.1 T(1	TLE			Change	
NAME			5.2 NA	ME				
STREET ADDRES	s		5.3 ST	REET	ADDRESS		ļ	
CITY-ST-ZIP			5.4 CI	TY-SI	f-ZIP	. 44		
TITLE		DELETE	6.1 TII	TLE			hange Addition	
NAME			6.2 NA	ME				
STREET ADDRES	s		6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			6.4 CI					
14. I hereb	y certify that the information supplied	with this filing does not qualify!	for the exe	mpt	ion stated in S	ection 119.07(3)(i), Florida Statutes. I further certify t	hat the information	

4. 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 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: Mayor Bushing Development

Wrs 98 (305) 717 3272

CR2E034 (10/97