

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 01 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000108145 (8)

1. Corporation Name  
 MAG INITIATIVES, INC.



Principal Place of Business  
 3418 FRANKLIN AVENUE  
 COCONUT GROVE FL 33133

Mailing Address  
 3418 FRANKLIN AVENUE  
 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 12/24/1997

2. Principal Place of Business  
 21 3410 Franklin Ave  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 3410 Franklin Ave  
 Suite, Apt. #, etc.

4. FEI Number  
 65-0810736  
 Applied For  
 Not Applicable

22 City & State  
 23 Coconut Grove FL

27 City & State  
 28 Coconut Grove, FL

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 33133 25 Country

29 Zip 33133 30 Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

BYRD, WILLIS M  
 3418 FRANKLIN AVENUE  
 COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input type="checkbox"/> DELETE
NAME	BYRD, WILLIS M	
STREET ADDRESS	3418 FRANKLIN AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WEINZIMER, ANDREA	
STREET ADDRESS	68-00 108TH ST. #3G	
CITY-ST-ZIP	FOREST HILLS NY 11375	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002631850
5.3 STREET ADDRESS	-09/04/98--01014--012
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Willis M. Byrd* 6/30/98

CR2E034 (5/98)

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June 30, 1998

Florida Department of State

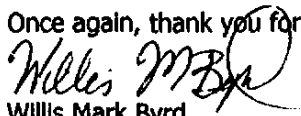
Dear Sir or Madam:

I received the enclosed Profit Corporation Annual Report in the mail today. Upon opening it and learning I owed \$550.00 I called your office at 1-850-488-9000 at 4:45pm and spoke with Heidi, I explained to her that our corporation was incorporated on December 24, 1997, just 7 days before the year ended. Unfortunately, we did not receive a first notification of filing. Our company has only \$1,000 in its name and no assets yet.

Heidi, directed me to send the original fee of \$150.00 along with this note explaining that we aren't even up and running yet, and we had not received the first notice, possibly because we were so new. I hope this check for \$150.00 will cover the cost of filing as a result of the situation that has occurred. I can assure you had we received the first notification (especially knowing our current asset level) we would of filed immediately.

Please accept our apologies for any inconvenience this may cause. If you have any questions please feel free to contact me at 305-446-6920.

Once again, thank you for your assistance.

  
Willis Mark Byrd  
President/Secretary