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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000031263

1. Corporation Name
MAGICAL MELTDOWNS INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: APRIL 6, 1998

4. FEI Number: 65-0825778 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business
21 830 9th ST MB FL
Suite, Apt. #, etc.
22 #12
City & State
23 MIAMI BEACH, FL
Zip 24 33139 Country 25 USA

2a. Mailing Address
26 830 9th ST MB FL
Suite, Apt. #, etc.
27 #12
City & State
28 MIAMI BEACH, FL
Zip 29 33139 Country 30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name: Spiegel & Utrera, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue
83
84 City: Coral Gables FL 85 Zip Code: 33134

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 Spiegel & Utrera, P.A.
By: [signature]
Natalia Utrera, Vice-President
DATE 4/20/99

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, SECRETARY, TREASOR.	[ ] DELETE
NAME	JORGE L PEASE	
STREET ADDRESS	830 9th ST #12	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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-04/30/99--01142--018
****150.00 ****150.00

CR2E034 (1/98)

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, with all other like empowered.

SIGNATURE: [signature] JORGE L PEASE 04/20/99 305-972-0874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR