FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2002 8:00 am Secretary of State

04-28-2002 90782 037 ***150.00

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DOCUMENT	# P98000046056	
1. Entity Name	7 -	1
MAGNUS	LOYAL PROPERTIES OF FLORIDA	/µe

DO NOT WRITE IN THIS SPACE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE										
Suite, Apt. # ofc. 29 SOUTH GAYSHORE DR. 29 SOUTH GAYSHORE DR. 29 COUNTY GROVE FL. 20 COUNTY GROVE GROVE FL. 20 COUNTY GROVE GR			ITINY HOTEL		RCPA 16	37 NB 12	PAVE			
City & State Co Caput Grove FL Victor Minam & Fact FL	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
Secretaria Sec	City & State	6		City & State NORTH MIAMI	BE ACH	FL	4. FEI Number 65-0846431			
This corporation is eligible to earliefy its intangible Amended to be carriefy its intangible amended the intended in intend	Zip	Cour	ntry			DE	5. Certificate of Status Desired			
IN THIS SPACE City No. Miles No.				·····				Registered Agent		
IN THIS SPACE City NORTH Min.mil SEACH FL 21p Code 3316 2	ا الشور الأمام اليام السويريول، به المام مام الهام الياريوليون. ا					Name TAIME BEHAR				
8. The abové named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUFE Signature, typed or printed noine of registered agent and title if applicable. (NOTE: Registered Agent signature required when nametating) DATE					s	Street Address (P.O. Box Number is Not Acceptable)				
8. The abové named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUFE Signature, typed or printed name of registered agent and 156 if applicable. (NOTE: Registered Agent signature required when remotiting) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do 80. After May 1, Fee is \$550.00 After May 1, Fe		1114 1	nio or	ACE						
SIGNATURE Signature, typed or primate name of registered agent and silve if applicable (NOTE: Registered Agent signature required when reinstating) DATE						NORTH		FL 39162		
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After May 1, Fee is \$55.0.0 Amended UBR is \$61.25 Make Check Payable to Department of State	·-	Signature, typed or printed	name or registered agent at				and the state of t			
See critical on back	9. This corporation is eligible to satisfy its intarrigible After May 1 F						10. Election Campaign Financing \$5.00 May Be			
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental exopt 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 truftee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

MIGUEL C. TIMPONI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

305-940-0303

Daytime Phone #