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Secretary of State

03-09-1999 90137 004 ***150.00

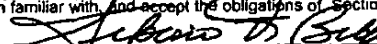
PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000083234		
1. Corporation Name MAGSIL, INC.		



Principal Place of Business 4675 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES FL 33146	Mailing Address 4675 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6850 SUNRISE TERR		2a. Mailing Address 26 P.O. BOX 145176		3. Date Incorporated or Qualified 09/24/1998	4. FEI Number 65-0864504	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
23 City & State CORAL GABLES, FL		28 City & State CORAL GABLES, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
24 Zip 33133		25 Country MIAMI-DADE		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent BAKER, RONALD G 4675 PONCE DE LEON BLVD. SUITE 301 CORAL GABLES FL 33146		10. Name and Address of New Registered Agent 81 Name SILVERIO F. BILBAO 82 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 145176 83 6850 SUNRISE TERR. 84 City CORAL GABLES FL	
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  SILVERIO F. BILBAO 2/24/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BILBAO, SILVERIO F		1.2 NAME	
STREET ADDRESS 6850 SUNRISE TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33133		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BILBAO, MAGALY M		2.2 NAME	
STREET ADDRESS 6850 SUNRISE TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33133		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BILBAO, MAGALY M		3.2 NAME	
STREET ADDRESS 6850 SUNRISE TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33133		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BILBAO, MAGALY M		4.2 NAME	
STREET ADDRESS 6850 SUNRISE TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33133		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BILBAO, MAGALY M		5.2 NAME	
STREET ADDRESS 6850 SUNRISE TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33133		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BILBAO, MAGALY M		6.2 NAME	
STREET ADDRESS 6850 SUNRISE TERRACE		6.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33133		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, with all other like empowered.

SIGNATURE  **SILVERIO F. BILBAO** **2/24/99** **305/662-2608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)