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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P98000083234
1. Corporation Mainte	

1. Corporation	n Name			\			
MAGSIL,	, INC.						
				(erin erin dele ibilliane all	A LINK KIK KAK	
Principal Place	e of Business	Mailing Address					
4675 PONCE D	DE LEON BLVD.	4675 PONCE DE LEON BL	.VD.	1			
SUITE 301	C EL 2014 4C	SUITE 301 CORAL GABLES FL 33146		DO NOT WI	RITE IN THIS SPACE	•	
CORAL GABLES	3 FL 33140	COUNT QUOTED LE MILA		3. Date incorporated or Qualife	d	•	1
\				09/24/1998			1
2. Principal P	Pace of Business	2a. Mailing Address		4. FEI Number		oplied For	ļ
21 685	DSUNRISE TERR	25 P.O. BOX	145176	65-08645	04 IN	ot Applicable	Į
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	İ
22		27				equired	1
City & Stat	or court I	City & State	COCIET!	8. Election Campaign Financing		May Be to Fees	1
23	ALGABLES, FL		GABLES,	, Trust Fund Contribution		IO LEBS	_
15 42 T	133 25 MIAUI-DAG	33114	30 MIAMI-DA	Personal Property Tax.	errent year intangiole —	□No	
24 <u>25 '</u>	9. Name and Address of Curren		1201 Jaillatta Co.	10. Name and Address of New			i
	3. Hame and Address of Conten	t tragistaras rigant	81 Name C				ĺ
BAK	ER, RONALD G		3,		LBAD		ł
4675	5 PONCE DE LEON BLVD.		82 Street Art	dress (P.O. Box Number is Not Accep	7		l
SUIT	TE 301		83	350 SUNRISE	TERR.		ľ
COR	RAL GABLES FL 33146		84 City 4 -			Code	ł
l .			I City (P C)	iral Gabues	FL "\3";	3/33	1
}			1 1				1
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statul	ies, the above-named cor	poration submits this statement for the	ne purpose of changing its	registered	}
11. Pursuant office or r	to the provisions of Sections 607.050, to the provisions of Sections 607.050, to the section familiar with, and accept the obligation familiar with, and accept the obligations.	2 and 607.1508, Florida Statul of Florida. Such change was a tions of Section 607.0505, Florida	les, the above-named cor suthorized by the corporal orida Statutes.	rporation submits this statement for the	ne purpose of changing its cept the appointment as re	registered gistered	
	to the provisions of Sections 607.050 registered agent, or both, in the Stere im familiar with, and accept the obligations of t	Silland S	ILVEIO T	- ISIUSIFO C	ne purpose of changing its sept the appointment as re /24/99	registered gistered	
SIGNATURE	Signature, typedur printed name of registered agen	Substituted Signature (NOTE	/LVE/C/O † Registand Agent signature requir	red when reinstating)	DATE		98)
SIGNATURE	Signature, typed in printed name of registered agen OFFICERS AN	M and title if applicable. (NOTE	: Registered Agent algorature requir	- ISIUSIFO C	DATE DEFICERS AND DIRECTO		11/98)
SIGNATURE 12. TITLE	Signature, typedar printed name of registered agent OFFICERS AND	Substituted Signature (NOTE	:: Registered Agent signature required 13.	red when reinstating)	DATE	DRS IN 12	A (11/98)
SIGNATURE 12. TITLE NAME	Signature, type of printed nume of registered agen OFFICERS AN D BILBAO, SILVERIO F	M and title if applicable. (NOTE	: Registered Agent signsture required 13.	red when reinstating)	DATE DEFICERS AND DIRECTO	DRS IN 12	5034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, type of printed name of registered agent OFFICERS AN D BILBAO, SILVERIO F 6850 SUNRISE TERRACE	M and title if applicable. (NOTE	13. 1.3 TIRLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)	DATE DEFICERS AND DIRECTO	DRS IN 12	R2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, type of printed name of registered again OFFICERS AN D BILBAO, SILVERIO F 6850 SUNRISE TERRACE CORAL GABLES FL 33133	M and title if applicable. (NOTE	13. 1.3 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP	red when reinstating)	DATE DEFICERS AND DIRECTO	DRS IN 12	CR2E034 (11/98)
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1. Thereby 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 of 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. BILBAD 2/24/99 305/662-2608