

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

05-15-1999 90016 036 ***150.00
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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 15 AM 11:53

DOCUMENT # P98000099916
1. Corporation Name

Magu. Corp.

Principal Place of Business Mailing Address
9531 Fontainebleau Blvd Suite 114, Tower 10 MIAMI FL 33172
782 NW Le Jeune Rd Suite 434 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 65-0879378 Applied For <input type="checkbox"/> Not Applicable	3. Date Incorporated or Qualified 12/01/98
22. Certificate of Status Desired <input type="checkbox"/>	5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	6. This corporation owes the current year's Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent Antonio R Lopez 782 NW Le Jeune Rd Suite 434 Miami FL 33126	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: [Signature] Antonio R Lopez DATE: 4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.2 NAME	1.2 NAME	
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE	2.1 TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	3.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 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)(f), 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, on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/27/99
Gustavo R Ingvarano 301-448-3323