

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

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90004 044 ***555.00

DOCUMENT # P98000105548

Corporation Name
MAG CORPORATION

Place of Business
140TH AVENUE
186
Mailing Address
11041 S.W. 140TH AVENUE
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1998	
4. FEI Number 65-0883753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent NUNEZ, JOSE F 11041 S.W. 140TH AVENUE MIAMI FL 33186	10. Name and Address of New Registered Agent

25. Country FL	26. Mailing Address 12973 SW. 112TH STREET	27. Suite, Apt. #, etc. PMB-259	28. City & State MIAMI, FL	29. Zip 33186	30. Country USA
-------------------	---	------------------------------------	-------------------------------	------------------	--------------------

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D NUNEZ, JOSE F 11041 S.W. 140TH AVENUE MIAMI FL 33186		S MARIA M. NUNEZ 11041 SW. 140TH AVE MIAMI, FL. 33186	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 stated 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: REQUIRED
Date: JUL/19/99 Daytime Phone #: 305-259-3509

CR2E034 (1/98)