

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 11:21

DOCUMENT # **S66742 (5)**
1. Corporation Name
MAGIC CUT, INC.

Principal Place of Business Mailing Address
3500 N.W. 102ND STREET MIAMI FL 33147 **P.O. BOX 6118 HIALEAH FL 33012 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/15/1991** 3a. Date of Last Report **08/02/1994**
4. FEI Number **65-0285483** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CHAVEZ, CARMEN E.
3500 N.W. 102ND STREET
MIAMI FL 33147**

10. Name and Address of New Registered Agent
81 Name **Rene Chavez**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **3500 NW 102 ST**
84 City **MIAMI** 85 Zip Code **FL 33147**

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 obligation of, Section 607.0509, Florida Statutes.

SIGNATURE: Rene Chavez DATE: 5/8/95
Signature: (Use or printed name of registered agent and line # applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1 1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVEZ, CARMEN E.	1 2 NAME	RENE CHAVEZ
STREET ADDRESS	3500 N.W. 102ND STREET	1 3 STREET ADDRESS	3500 NW 102 ST
CITY - ST - ZIP	MIAMI FL	1 4 CITY - ST - ZIP	MIAMI FL 33147
TITLE		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 affidavit with an address.

SIGNATURE: Rene Chavez DATE: 5/8/95 SYSTEM FEE # 306-693-7664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR