06-28-1999 90006 032 ... 163.75

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
99 AUG 30 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S66742**

1. Corporation Name
MAGIC CUT, INC.

Principal Place of Business	Mailing Address
2750 W 68TH STREET SUITE #111 HIALEAH FL 33016 US	2750 W 68 STREET SUITE #111 HIALEAH FL 33016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1991

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

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RENE CHAVES 2750 W 68TH #111 HIALEAH FL 33016	81 Name: NONE 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 Zip Code

400002977814--5
-09/02/99--01105--015
****325.00

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVES, RENE 2750 W 68 ST 111 MIAMI FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	N/A ☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	N/A ☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	N/A ☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	N/A ☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	N/A ☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	N/A ☐ Change ☐ Additi TS

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: RENE CHAVES 6/25/99 305-558-0779
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — PRESIDENT — Date — Daytime Phone #