FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 12 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V28131** **(3)**

1. Corporation Name
MAGNUM RANGES, INC.

Principal Place of Business	Mailing Address
C/O VALDES-FAULI, COBB, BISCHOFF & KRISS 2 S BISCAYNE BLVD. 1 BISCAYNE TOWER, #3400 MIAMI FL 33131-1897	C/O VALDES-FAULI, COBB, BISCHOFF & KRISS 2 S BISCAYNE BLVD. 1 BISCAYNE TOWER, #3400 MIAMI FL 33131-1897

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1992
3a. Date of Last Report: 06/13/1994
4. FEI Number: 65-0422730 ☐ 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
7. 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD.
1 BISCAYNE TOWER, SUITE 3400
MIAMI FL 33131-1897

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D/P ☐ Change ☒ Addition
NAME	BOULTON, FREDDY	12 NAME	
STREET ADDRESS	2 S. BISCAYNE BLVD-1BISCAYNE TOWER-3400	13 STREET ADDRESS	600001488486
CITY-ST-ZIP	MIAMI FL 33131-1897	14 CITY-ST-ZIP	-05/16/95--01066--013 *****25.00 *****25.00
TITLE	V	21 TITLE	D/V ☐ Change ☒ Addition
NAME	VARGAS, JESUS	22 NAME	
STREET ADDRESS	2 S. BISCAYNE BLVD-1 BISCAYNE TOWER-3400	23 STREET ADDRESS	700001488487
CITY-ST-ZIP	MIAMI FL 33131-1897	24 CITY-ST-ZIP	-05/16/95--01066--014 ****200.00 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	600001488486
STREET ADDRESS		43 STREET ADDRESS	-05/16/95--01066--014
CITY-ST-ZIP		44 CITY-ST-ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

JR 5/12

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 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.

SIGNATURE: _____ 04/04/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date (Daytime Phone #)

01/26340 CP

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/13/1992**
3a. Date of Last Report: **06/13/1994**

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

4. FEI Number: **65-0422730** ☐ 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. [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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2 S. BISCAYNE BLVD.
1 BISCAYNE TOWER, SUITE 3400
MIAMI FL 33131-1897

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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 and agree to comply with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
[illegible] Registered Agent Signature Required for Reinstatement [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P BOULTON, FREDDY 2 S. BISCAYNE BLVD-1BISCAYNE TOWER-3400 MIAMI FL 33131-1897	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D/P ☐ [illegible] ☒ [illegible]
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	V VARGAS, JESUS 2 S. BISCAYNE BLVD-1 BISCAYNE TOWER-3400 MIAMI FL 33131-1897	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	D/V ☐ [illegible] ☒ [illegible]
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ [illegible] ☐ [illegible]
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ [illegible] ☐ [illegible]
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ [illegible] ☐ [illegible]
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ [illegible] ☐ [illegible]

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 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.

SIGNATURE: [signature] 04/04/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0129340 CP