SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V50169 (4)

1. Corporation Name

MAGMA OF AMERICA, INC.

Principal Place of Business	Mailing Address
1201 US HIGHWAY 1 SUITE 250H NORTH PALM BEACH FL 33408	1201 US HIGHWAY 1 SUITE 250H NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1992
3a. Date of Last Report: 07/29/1994

2. Principal Place of Business
21: 55 Via Verona
Suite, Apt. #, etc. 22:
City & State 23: PALM BEACH GRDS FL
Zip 24: 33418 Country 25: USA

2a. Mailing Address
26: 55 VIA VERONA
Suite, Apt. #, etc. 27:
City & State 28: PALM BEACH GRDS FL
Zip 29: 33418 Country 30: USA

4. FEI Number: 65-0363684 ☐ 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

9. Name and Address of Current Registered Agent

NEVES, ACHILLES CAMARGO, JR.
1201 US HIGHWAY 1
SUITE 250H
NORTH PALM BEACH FL 33480

10. Name and Address of New Registered Agent

01 Name: ACHILLES C. NEVES, JR.
02 Street Address (P.O. Box Number is Not Acceptable): 55 VIA VERONA
03:
04 City: PALM BEACH GARDENS FL 05 Zip Code: 33418

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 '95	
TITLE	P	1 1 TITLE	☒ Change ☐ Addition
NAME	NEVES, ACHILLES C	1 2 NAME	P. NEVES, JR ACHILLES C.
STREET ADDRESS	1201 US HIGHWAY 1, STE. 250H	1 3 STREET ADDRESS	55 Via VERONA
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1 4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY-ST-ZIP	

CR2E034 (3/95)

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] ACHILLES C. NEVES, JR 7/20/95 (407)625-3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003333 CP