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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V50169

(4)

MAGMA OF AMERICA, INC.

FILED	
May 02 1997 8:00an	1
Secretary of State	

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Principal Place of Business 55 VIA VEROMA SUITE 460H		Mailing Address 55 VIA VEROMA SUITE 250H	55 VIA VEROMA			(100) 3 100 2 11 100 100 100 100 100 100 100 100 100 100 100 100 100 100				
	GARDENS FL 33418	PALM BEACH GA	RDENS FL 33	418-3751	1					
US		US				3. Date Incorporated or Qualified 07/10/1992				
2. Principal Pi	ace of Business	2a. Mailing Addr	ess			4. FEI Number	-l	<u> </u>	Applied For	
21		26				65-0363684			Not Applicable	
Sulte, Apt. :	Suite, Apt. #, etc. Suite, Apt. #, otc.			5. Certificate of Status Desired			Additional Required			
City & State		City & State	City & State			6. Election Campaign Financing		\$5.0	0 May Be	
23		28	28		Trust Fund Contribution		Adde	d to Fees		
Zip	Country	Zip	Zip Country		8. This corporation has liability for i			s. 199.032,		
		29	30				Yes [
	9. Name and Address of Curre		·····	81		10. Name and Address of New Re	gistered A	gent		
	es, achilles camargo, Jr.	•		01	Name					
	/IA VERONA			82	Street Adi	dress (P.O. Box Number is Not Acceptab	le)			
PAL	M BEACH GARDENS FL 33418	5		83						
				63						
				84	City			85 Zij	p Code	
					L		FL	<u> </u>		
office or re	egistered agent, or both, in the Sta	ite of Florida. Such chan	ge was autho	rized by	y the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	ot the appo	unanging pintment i	g its registered as registered	
agent. I a	m familiar with, and accopt the obt	igations of, Section 607.	0505, Florida	Statute	ŝ.					
SIGNATURE	Signature, typed or printed name of registered a		WOTE Day			urred when reinstalling)	DATE			
12.		IND DIRECTORS		13.	an a gnaiure req	ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12	
TITLE	P	DE		1.1 TALE	Т	ADDITIONS/OFFANGES TO OFFICE		Change		
NAME	NEVES, ACHILLES C			1.2 NAME						
STREET ADDRESS	55 VIA VERONA				ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL			1.4 CITY - 5						
TITLE		□ DE		2.1 TITLE	21-20			Change	e 🔲 Addition	
NAME				2.2 NAME	Ì					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				2. 4 CITY-						
TITLE		DE		3.1 TITLE				Change	e Addition	
NAME I			1	3.2 NAME	}					
STREET ADDRESS				3 3 STREET	ADDRESS					
CITY-ST-ZIP				3 4 , C(TY-						
TITLE	William The Control of the Control o	□ DE		4 1 THLE				Change	e 🔲 Addition	
NAME				4 2 NAME	ĺ					
STREET ADDRESS				4 3 STREE	T ADDRESS					
CITY-ST-ZIP				4.4 OTY-5	ST-ZIP					
TITLE		☐ DS		51 TITLE				☐ Change	e 🔲 Addition	
NAME				5.2 NAME						
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP			1	5.4 CITY-1	\					
TITLE		[] DI		61 TILLE				Chang	e Addition	
NAME		_ _		6.2 NAME			•.	Ť		
STREET ADDRESS					1 ADDRESS					
1 1				6.4 CITY -:						
CITY-ST-ZIP		Read control of the day of the control		0.9 (4117 -	31-21F 1	od in Castion 110 07/2Vi) Florida Statuto	- 16 -th			

4. I do 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.

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