

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V68215** (5)

1. Corporation Name  
**MAGNA APARTMENTS, INC.**



Principal Place of Business  
**1230 EAST 4TH AVE.  
HIALEAH FL 33010**

Mailing Address  
**PO BOX 170137  
HIALEAH FL 33017  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/02/1992</b>	3a. Date of Last Report <b>04/26/1995</b>
21		26	<b>PO BOX 821515</b>	4. FEI Number <b>65-0361451</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	City & State	28	<b>SOUTH FLORIDA, FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Zip	29	<b>33082</b>	30	<b>BROWARD</b>
25	Country	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>MORLANNE, JESSE E. 1230 EAST 4TH AVE. HIALEAH FL 33010</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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: **JESSE E. MORLANNE, Pres.** *Jesse E. Morlanne* **4/25/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	MORLANNE, JESSE E.	1.1 TITLE	
STREET ADDRESS	6700 ROYAL MELBOURNE DR.	1.2 NAME	
CITY-ST-ZIP	MIAMI FL	1.3 STREET ADDRESS	<b>5763 SW 130 AVE</b>
		1.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33330</b>
TITLE	NAME	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD	MORLANNE, CARMEN M.	2.2 NAME	
STREET ADDRESS	6700 ROYAL MELBOURNE DR.	2.3 STREET ADDRESS	<b>5763 SW 130 AVE</b>
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33330</b>
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		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 119.07(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 in an attachment with an address.

SIGNATURE: *Jesse Morlanne* **4/25/96** **(954) 680-3776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Jesse Morlanne, President**

CFR2E034 (12/95)