


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 17, 1999 8:00am**  
**Secretary of State**

0196957

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

02-17-1999 90080 021 \*\*\*\*150.00

**DOCUMENT # K13117**

1. Corporation Name  
**MAGNA ADMINISTRATIVE SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2600 DOUGLAS RD SUITE 410 CORAL GABLES FL 33146 US	Mailing Address 2600 DOUGLAS RD SUITE 410 CORAL GABLES FL 33146 US
--	--

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

3. Date Incorporated or Qualified <b>01/28/1988</b>	
4. FEI Number <b>65-0026888</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DUNCAN, ROSARIO P.**  
**1320 S DIXIE HWY**  
**SIXTH FLOOR**  
**CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MENENDEZ, ROSA M	
STREET ADDRESS	2600 DOUGLAS RD #410	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARIAS, RAFAEL	
STREET ADDRESS	2600 DOUGLAS RD #410	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIERRA, ANTHONY F	
STREET ADDRESS	1320 S DIXIE HWY. 6TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DE ARMAS, ELOY	
STREET ADDRESS	1320 S DIXIE HWY 6TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DUNCAN, ROSARIO P	
STREET ADDRESS	1320 S DIXIE HWY 6TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIERRA, ANTONIO M	
STREET ADDRESS	1320 S DIXIE HWY 6TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33146	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_ DATE: **1/25/99** DAYTIME PHONE #: **(305) 668-5100**

CR2E034 (1/198)