

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H82260

(1)

1. Corporation Name  
MOTURIS INC.

Principal Place of Business

Mailing Address

3901 NW 16TH ST  
LAUDERHILL FL 33311  
US

3901 NW 16TH ST  
LAUDERHILL FL 33311  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/23/1985  
3a. Date of Last Report 04/08/1996

4. FEI Number 59-2262387  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DALLENBACH, JURG  
3901 NW 16TH STREET  
LAUDERHILL FL 33311

10. Name and Address of New Registered Agent

81 Name TIRELLI ALFONSO  
82 Street Address (P.O. Box Number is Not Acceptable) 3901 NW 16TH STREET  
83  
84 City LAUDERHILL FL 85 Zip Code 33311

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 (x)

*Tirelli*

07/16/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME DAHLER, ERNST  
STREET ADDRESS GROSSWIES 38  
CITY-ST-ZIP 8185 WINKEL/SWITZ ☐ DELETE

TITLE TSGM  
NAME DALLENBACH, JURG  
STREET ADDRESS 3901 N.W. 16TH STREET  
CITY-ST-ZIP LAUDERHILL FL 33311 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE TSGM  
2.2 NAME TIRELLI ALFONSO  
2.3 STREET ADDRESS 3901 NW 16TH STREET  
2.4 CITY-ST-ZIP LAUDERHILL, FL 33311 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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.

CR2E034 (4/97)

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FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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**DOCUMENT # H82260 (1)**  
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**MOTURIS INC.**



Principal Place of Business  
**3901 NW 16TH ST  
LAUDERHILL FL 33311  
US**

Mailing Address  
**3901 NW 16TH ST  
LAUDERHILL FL 33311  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/23/1985</b>	3a. Date of Last Report <b>04/08/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2262387</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DALLENBACH, JURG  
3901 NW 16TH STREET  
LAUDERHILL FL 33311**

10. Name and Address of New Registered Agent

81 Name  
**TIRELLI ALFONSO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3901 NW 16TH STREET**  
83  
84 City  
**LAUDERHILL** FL 85 Zip Code  
**33311**

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 *(x)* *Tirelli*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**07/16/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DAHLER, ERNST</b>	
STREET ADDRESS	<b>GROSSWIES 38</b>	
CITY-ST-ZIP	<b>8185 WINKEL/SWITZ</b>	
TITLE	<b>TSGM</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DALLENBACH, JURG</b>	
STREET ADDRESS	<b>3901 N.W. 16TH STREET</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33311</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>TSGM</b>
2.3 STREET ADDRESS	<b>TIRELLI ALFONSO</b>
2.4 CITY-ST-ZIP	<b>3901 NW 16TH STREET LAUDERHILL, FL 33311</b>
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
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