

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 15 1997 8:00am  
Secretary of State

DOCUMENT # J28850 (2)

1. Corporation Name  
MORALES MOVING & STORAGE CO., INC.



Principal Place of Business Mailing Address  
2125 NW 1 COURT 2125 NW 1 COURT  
MIAMI FL 33127 MIAMI FL 33127-4814  
US US

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
08/11/1986 02/13/1996  
4. FEI Number Applied For  
59-2710134 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution 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

10. Name and Address of New Registered Agent

MORALES, RENE  
10832 NW 56TH PL  
MIAMI FL 33046

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2125 NW 1 Court  
83  
84 City Miami FL 85 Zip Code 33127

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

Signature types or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|--------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | POTS <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MORALES, RENE                        | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 10832 NW 56TH PL                     | 1.3 STREET ADDRESS                                    | 2125 NW 1 Court                                                              |
| CITY-ST-ZIP                | MIAMI FL                             | 1.4 CITY-ST-ZIP                                       | Miami, FL                                                                    |
| TITLE                      | <input type="checkbox"/> DELETE      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                      | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                      | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE      | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                      | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                      | 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 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 AND TYPED NAME OF SIGNER OF REPORT FOR

3/9/97 (305) 573-4800

Date Daytime Phone #

CR2E034 (9/96)