FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90145 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT	# 1		050
DOCUMENT	# ,	ンと	ろうし

1. Corporation	Name						
MORAL F	S MOVING & STORAGE CO). INC.					
10000		,,					
	•						
Principal Place	of Business	Mailing Address				III OFALI OLALI UIDII UI	JIH 919(1 188)
2125 NW 1 CO	IRT	2125 NW 1 COURT					
MIAMI FL 33127		MIAMI FL 33127					
US		US			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					08/11/1986		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			59-2710134		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			0 ,	Fee Rec	
City & State	÷	City & State			6. Election Campaign Financing	\$5.00	, ,
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year	Intangible	
24	25	29 30	0		Personal Property Tax.	<u> </u>	□No
_	9. Name and Address of Current	t Registered Agent		r	10. Name and Address of New Register	ea Agent	
			81	Name			
	ALES,RENE		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	NW 1 CT.						
MAIM	II FL 33127		83				
			84	City		85 Zip C	ode
j				<u> </u>	•		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above	e-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	i of changing its i	registered sistered
office or fo	egistered agent, or both, in the State on familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statutes	the corpora	alibit's board of directors. Thereby decept and ap	pomanon de les	,
SIGNATURE							
JOHATORE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered Ager	nt signature requ	uired when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PDTS	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MORALES, RENE		1.2 NAME				
STREET ADDRESS	2125 NW 1 CT.		1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	••••		2.2 NAME				
STREET ADDRESS	•		2.3 STREE	T ADDRESS			
_CITY_ST-ZIP			2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	}			Ì
STREET ADDRESS			•	TADDRESS			
			3.4. CITY-5				
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE			☐ Change	☐ Addition
1			4, 2 NAME				
NAME				TADORESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	11-211	<u> </u>	Change	☐ Addition
TITLE			5.1 MAME				_
NAME	• ;		1	T ADDRESS			
STREET ADDRESS							i
CITY-ST-ZIP		- Dri ere	5.4 CITY-S 6.1 TITLE	II-ZIP		☐ Change	Addition
TITLE		☐ DELETE	0.) [IILC				

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)(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 of the eceiver 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 acourses, with all other the empowered.

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS