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Jan 14 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 # L52554 (7)  
1. Corporation Name: MIAMI OFFICE MOVING, INC.



Principal Place of Business: % HERMELIO MARIN, 10701 SW 43 LN, MIAMI FL 33165  
Mailing Address: % HERMELIO MARIN, 10701 SW 43 LN, MIAMI FL 33165-4856

3. Date Incorporated or Qualified: 02/23/1990  
3a. Date of Last Report: 07/11/1996

2. Principal Place of Business (21-24):  
2a. Mailing Address (26-29):  
City & State (22, 27)  
Zip (23, 28)  
Country (25, 30)

4. FEI Number: 65-0176097  
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: MARIN, HERMELIO, 10701 SW 43 LN, MIAMI FL 33165

10. Name and Address of New Registered Agent (81-85):  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature required for performance of registered agent duties. (Not applicable) (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-St-Zip, and a Delete checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for Title, Name, Street Address, City-St-Zip, and Change/Addition checkboxes.

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] 1-7-96 (305) 559-7598  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (9/96)