


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

①

PROFIT CORPORATION ANNUAL REPORT 1994-1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED  
 97 FEB 14 PM 1:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA3000062531**  
 1. Corporation Name  
**MOROCCO FINANCE CORP.**

Principal Place of Business <b>9455 COLLINS AVENUE          SUITE 1002          SURFSIDE, FLORIDA 33154-2673</b>	Mailing Address <b>9455 COLLINS AVENUE          SUITE 1002          SURFSIDE, FLORIDA 33154-2673</b>
---	---

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

3. Date Incorporated or Qualified <b>09/08/1993</b>	3a. Date of Last Report
4. FEI Number <b>65-0435290</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COUNT DE S. G. ELKAIM  
 9455 COLLINS AVENUE  
 SUITE 1002  
 SURFSIDE, FLORIDA 33154-2673**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT COUNT DE S. G. ELKAIM 9455 COLLINS AVENUE, SUITE 1002. SURFSIDE, FLORIDA 33154-2673</b> <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY COUNTESS DE S. G. ELKAIM 9455 COLLINS AVENUE, SUITE 1002. SURFSIDE, FLORIDA 33154-2673</b> <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

200002090652--3  
 -02/18/97--01058--010  
 \*\*\*773.75 \*\*\*773.75

*Alton*

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: COUNT DE S. G. ELKAIM 02-10-97 (305) 861.52.16

CR2E034 (9/96)

2

B\*H

MOROCCO FINANCE CORP.  
SUITE 1002  
9455 COLLINS AVENUE  
SURFSIDE , FLORIDA 33154-2673

*Never received form  
1/19/97. (Signature)*

Mrs Leslie SELLERS  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE , FLORIDA 32314

February 10 ,1997

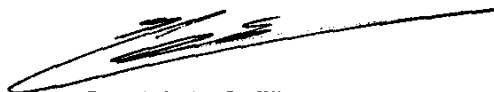
Dear Mrs Sellers ,

As per your small note , please find enclosed :

- Annual Reports 1994-1997 amount due of \$ 765.00
- Certificate of Status amount of \$ 8.75
- Filing form 1994-1997

Thank you very much.

Sincerely ,



Count de S. G. Elkaim  
President