

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

96

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000069792 (8)

1. Corporation Name
MOONLIGHTING ENTERPRISES MIAMI, INC.

Principal Place of Business: **440 NW 88th Street Miami, Fl. 33150**
 Mailing Address: **440 NW 88th Street Miami, Fl. 33150**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/07/1993** 3a. Date of Last Report
 4. FEI Number: **65-0440822** 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 No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOOTH BLOSSOM
 13387 MEMORIAL HIGHWAY
 NORTH MIAMI, FL. 33161**

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 607.0305, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	S/T/D
NAME	BOOTH, Ragland
STREET ADDRESS	440 NW 88th Street
CITY-STATE-ZIP	Miami, Fl. 33150
TITLE	P/D/D/
NAME	BOOTH Blossom
STREET ADDRESS	440 NW 88th Street
CITY-STATE-ZIP	Miami, Fl. 33150
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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-05/20/96--01033--032
*****225.00**

JR
5-17-96

SIGNATURE:

Blossom Booth

(305) 751-2367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blossom Booth

5/13/96

CR2E034 (3/95)