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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF COMMENT # P94000053615 (8)

MOON TIDE, INC.

FILED Mar 24 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			·		16101 A(166 JUIN A(16)	N SEL EIN 1661	
5325 PINE TREE DRIVE 5325 PINE TREE DRIVE						1			
MIAMI BEACH	f FL 33140	MIAMI BEACH FL 33140	MIAMI BEACH FL 33140			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						07/18/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number)	Applied For	
21		26				65-0509218		Not Applicable	
Suite, Apt.		Suile, Apt. #, etc. 27				5. Certificate of Status Desired		5 Additional Required	
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country Z _{(P}		\vdash	Country		8. This corporation owes or has paid the current year Intangible			
24					Personal Property Tax due June 30. Yes No				
	9, Name and Address of Curr	ant Hegistered Agent		81	Name	10. Name and Address of New Regis	stered Agent		
	ANS, LESLIE								
	ROYAL PALM WAY				Street Addre	ss (P.O. Box Number is Not Acceptable))		
	ITE 300 LM BEACH FL 33480			83					
r M	UNI DENOTE I DOTOV								
				84	City		FL 85 Zi	ip Code	
SIGNATURE	Signature typed or partied name of registered a OFFICERS A	open and title diapplicable (NC	OTE Registere	id Agen	al signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICEF	DATE RS AND DIRECTO	ORS IN 12	
THE	D	DELETE	1.1 T(ĭĭL€	7	7,557,757,67,77,762,75	Change		
NAME	GADINSKY, MARILYN		1.2 N	AME	ŀ				
STREET ADDRESS	5325 PINE TREE DRIVE		1.3 ST	TREET A	NODRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140			ITY-ST-	- ZIP	<i>į</i> .	· 1		
DILE		☐ DELETE	2.171	TAC			·		
					1		Change	e Addition	
NAME			22 N	AME			Change	e Addition	
STREET ADDRESS			2 2 N/ 2.3 ST	AME Treet a	ADDRESS		Change	e Addition	
STREET ADDRESS CHTY-ST-ZIP		_	22 N/ 2.3 ST 2. 4 C	AME TREET A			Change		
STREET ADDRESS CHY-ST-ZIP TITLE		DÉLETE	22 N/ 2.3 ST 2.4 C 3.1 TI	AME TREET A CITY-ST ITLE					
STREET ADDRESS CHTY-ST-ZIP		_	22 N/ 2.3 Si 2. 4 C 3.1 Ti 3.2 N/	AME TREET A CITY-ST ITLE AME					
STREET ADDRESS CHY-SI-ZIP TIFLE NAME		_	2 2 N/ 2 3 S1 2 4 C 3.1 YI 3.2 N/ 3.3 S1	AME TREET A CITY-ST ITLE AME	ADDRESS				
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STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP		DELETE	22 NV 23 S1 2,4 C 3.1 TI 3.2 NV 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 CI	AME TREET A CITY-ST TLE AME TREET A CITY-ST TLE VAME TREET A TREET A	ADDRESS ADDRESS		Change	e Addition	
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STREET ADDRESS CHY-ST-ZIP TITLE NAME		DELETE	22 NV 23 S1 2.4 C2 3.1 T1 3.2 NV 3.3 S1 4.4 C1 4.2 NV 4.3 S1 4.4 C1 5.1 T1 5.2 NV 5.3 S1 6.1 TV 6.2 NV	AME TREET A TR	I-ZIP ADDRESS I-ZIP ADDRESS -ZIP		Change	e Addition e Addition e Addition	
STREET ADDRESS CHY-ST-ZIP TITLE NAME NAME NAME		DELETE	22 NV 23 S1 2.4 C2 3.1 T1 3.2 NV 3.3 S1 4.4 C1 4.2 NV 4.3 S1 4.4 C1 5.1 T1 5.2 NV 5.3 S1 6.1 TV 6.2 NV 6.3 S1	AME TREET A TR	ADDRESS 1- ZIP ADDRESS 2- ZIP ADDRESS - ZIP ADDRESS - ZIP		Change	e Addition e Addition e Addition	

14. Thereby certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that it is mormation indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

NATURE AND TYPED OF PHILIPP NAME OF SIGNING OF FICER OR DIRECTOR

3/11/98

D. Alexandra