


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

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000057931 (5)
1. Corporation Name
MOORE-MASVIDAL GROUP, INC.



Principal Place of Business Mailing Address
19 WEST FLAGLER STREET SUITE 416, BISCAYNE BLDG. MIAMI FL 33130
P.O. BOX 143557 MIAMI FL 33114 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 1105 SW 133 CT 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 MIAMI, FLA 27
City & State City & State
23 33186 28
Zip Country Zip Country
24 0-5 29 30

3. Date Incorporated or Qualified
08/05/1994
4. FEI Number 65-0622191 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DIAZ-MASVIDAL, ALBERTO
19 WEST FLAGLER STREET
SUITE 416
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1105 SW 133 CT
83
84 City MIAMI FL 85 Zip Code 33186

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: ALBERTO DIAZ MASVIDAL 4/20/98
Signature typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD MOORE, ELYRA SUDLOW	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5055 NW 7TH ST	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DPST DIAZ-MASVIDAL, ALBERTO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19 WEST FLAGLER STREET., SUITE 416	2.2 NAME	
STREET ADDRESS	MIAMI FL 33130	2.3 STREET ADDRESS	1105 SW 133 CT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FLA, 33186
TITLE	VPD DIAZ-MASVIDAL, GERTRUDIS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11105 SW 133 ST	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 in an attachment to an address.

SIGNATURE: ALBERTO DIAZ MASVIDAL 4/20/98 (305) 388-5460

CR2E034 (10/97)