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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000057931**

1. Corporation Name
MOORE-MASVIDAL GROUP, INC.



Principal Place of Business
 11105 SW 133 CT
 SUITE 416, BISCAYNE BLDG.
 MIAMI FL 33186
 US

Mailing Address
 P.O. BOX 143557
 MIAMI FL 33114
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2659 LE SEUNE ROAD**
 Suite, Apt. #, etc.
 22 **500**
 City & State
 23 **CORAL GABLES, FL**
 Zip
 24 **33134** Country
 25

2a. Mailing Address
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip
 29 Country
 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 the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
DIAZ-MASVIDAL, ALBERTO
 11105 SW 133 CT
 SUITE 416
 MIAMI FL 33186

10. Name and Address of New Registered Agent
 81 Name
ALBERT MASVIDAL ALBERTO
 82 Street Address (P.O. Box Number is Not Acceptable)
2659 LE SEUNE ROAD
 83 **SUITE 500**
 84 City
CORAL GABLES FL 85 Zip Code
33134

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 *[Signature]* **DIAZ MASVIDAL ALBERTO** DATE **4/27/99**

12. OFFICERS AND DIRECTORS

TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	MOORE, ELVIRA SUDLOW
STREET ADDRESS	5055 NW 7TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	DPST <input type="checkbox"/> DELETE
NAME	DIAZ-MASVIDAL, ALBERTO
STREET ADDRESS	11105 SW 133 CT
CITY-ST-ZIP	MIAMI FL 33186
TITLE	VPD <input type="checkbox"/> DELETE
NAME	DIAZ-MASVIDAL, GERTRUDID
STREET ADDRESS	11105 SW 133 ST
CITY-ST-ZIP	MIAMI FL
TITLE	I <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ELVIRA MOORE
4.3 STREET ADDRESS	1105 S.W. 133 ST
4.4 CITY-ST-ZIP	MIAMI, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **DIAZ MASVIDAL ALBERTO** DATE **4/27/99** DAYTIME PHONE # **(305) 388-5460**

CR2E034 (11/98)