

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000085733

1. Corporation Name

MORADO ENTERPRISES, INC.

Principal Place of Business

14 426 REVETER STRASSE
#2
TAMPA FL 33613
US

Mailing Address

14 426 REVETER STRASSE
#2
TAMPA FL 33613
US

2. Principal Place of Business

21 2901 N. DALE MARRY

2a. Mailing Address

26 2901 N. DALE MARRY

Suite, Apt., #, etc.

22 1208

Suite, Apt., #, etc.

27 1208

City & State

23 TAMPA FL

City & State

28 TAMPA FL

Zip Country

24 33607 25 USA

Zip Country

29 33607 30 USA

9. Name and Address of Current Registered Agent

FALTYNKOVA, MONIKA
14426 REVETER STRASSE
SUITE 2
TAMPA FL 33613

3. Date Incorporated or Qualified

10/03/1997

4. FEI Number

59-3472726

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

10. Name and Address of New Registered Agent

81 Name

MONIKA FALTYNKOVA

82 Street Address (P.O. Box Number is Not Acceptable)

2901 N. DALE MARRY

83

#1208

84

TAMPA

FL

85 Zip Code

33607

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D FALTYNKOVA, MONIKA
STREET ADDRESS 14426-2REVETER STR
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D FALTYNKOVA MONIKA
1.3 STREET ADDRESS 2901 N. DALE MARRY #1208
1.4 CITY-ST-ZIP TAMPA, FL, 33607

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

MONIKA FALTYNKOVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90064 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)