

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
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**95 APR 24 AM 10: 37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # S73175 (9)**

**1. Corporation Name  
MOONSHADOW X-PRESS INC.**

**Principal Place of Business Mailing Address  
2732 SW 15 ST 2732 SW 15 ST  
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 08/12/1991 3a. Date of Last Report 04/28/1994**

**4. FEI Number 65-0286478 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 2a. Mailing Address**

**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**

**22 City & State 27 City & State**

**23 Zip Country 28 Zip Country**

**24 25 29 30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SESTI, VICTORIA  
2732 SW 15 ST  
DEERFIELD BEACH FL 33442**

**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 607.0505, 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**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>TITLE</b>	<b>PVS</b>
<b>NAME</b>	<b>SESTI, VICTORIA</b>
<b>STREET ADDRESS</b>	<b>2732 SW 15 ST</b>
<b>CITY - ST - ZIP</b>	<b>DEERFIELD BEACH FL</b>
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>SESTI, VICTORIA</b>
<b>STREET ADDRESS</b>	<b>2732 SW 15 ST</b>
<b>CITY - ST - ZIP</b>	<b>DEERFIELD BEACH FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.**

**SIGNATURE: Vicki Sesti, President / VICKI SESTI (VICTORIA) 4/3/95 305/485-4480**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR