

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000087211 (5)

1. Corporation Name

MOORE & SAADE VIOLINS, INC.



Principal Place of Business

Mailing Address

7726 SW 99TH ST  
MIAMI FL 33156-8100

7726 SW 99TH ST  
MIAMI FL 33156-8100

3. Date Incorporated or Qualified

3a. Date of Last Report

11/13/1995

4. FEI Number

65-0635115

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 6915 RED ROAD

26 6915 RED ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 209

27 Suite 209

City & State

City & State

23 CORAL GABLES FL

28 CORAL GABLES FL

Zip

Zip

24 33143

29 33143

Country

Country

25 DADE

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAWNER, PHILIP L  
2950 SW 27TH AVE  
210 GROVE PROFESSIONAL BLVD  
MIAMI FL 33133

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 date if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME MOORE, THOMAS D  
STREET ADDRESS 7726 SW 99TH ST  
CITY-ST-ZIP MIAMI FL 33156-8100

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MOORE, THOMAS D  
1.3 STREET ADDRESS 540 BRICKELL KEY DR #1723  
1.4 CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ DELETE

NAME SAADE, JORGE M  
STREET ADDRESS ZARUMA NO 101 Y.G. AVILES, PIZA 6, APT 2  
CITY-ST-ZIP GUYAQUIL, ECUADOR S.A.

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SAADE, JORGE M  
2.3 STREET ADDRESS 520 BRICKELL KEY DR #815  
2.4 CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE M. SAADE MAY 2/96

6659802

Daytime Phone #

CR2E034 (12/95)