

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 14 1998 8:00am
Secretary of State

DOCUMENT # 248879 (9)
1. Corporation Name
MOSS SOAP & CHEMICAL CO



Principal Place of Business
6900 N W 35TH AVE
MIAMI FL 33147-6622

Mailing Address
6900 N W 35TH AVE
MIAMI FL 33147-6622

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/28/1961 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-0938186 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| MOSS, MORRIS 6900 NW 35TH AVE MIAMI FL 33147 | | 81 | Name |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 | |
| | | 84 | City |
| | | 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]* DATE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------|--|--|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| PD | MOSS, BARRY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 4325 ADAMS AVE 6900 NW 35th Ave. | 1.3 STREET ADDRESS | 6900 NW 35 Ave |
| CITY-ST-ZIP | MIAMI BCH FL MIAMI FL 33147 | 1.4 CITY-ST-ZIP | MIAMI, FL 33147 |
| S | MOSS, ANNIE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 4325 ADAMS AVE 6900 NW 35th Ave. | 2.2 NAME | |
| CITY-ST-ZIP | MIAMI BCH FL 33147 | 2.3 STREET ADDRESS | 6900 NW 35 Ave |
| VP | MOSS, MORRIS | 2.4 CITY-ST-ZIP | MIAMI, FL 33147 |
| STREET ADDRESS | 6900 NW 35TH AVE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | MIAMI FL 33147 | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | 33147 |
| | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | | 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.

SIGNATURE *[Signature]* DATE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/97)