

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

07-01-2002 90311 015 ***550.00
346422

DOCUMENT # **346422**

1. Entity Name
MOIREAL CORP.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80126136

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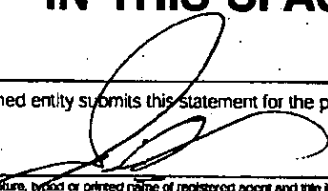
2. Principal Place of Business 2631 SW 107th Court Suite, Apt. #, etc.		3. Mailing Address P. O. BOX 65-2908 Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL 33265-2908	
Zip 33165	Country USA	Zip	Country

4. FEI Number 59-1295314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name G. FRANK QUESADA, ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 1313 Ponce de Leon Blvd., Suite 200	
City Coral Gables	
City FL	Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  Resident Agent
DATE **1/01/02**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JACOBO GUINDI 2631 S. W. 107TH CT. MIAMI, FL., 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT AMIN GUINDI LOPATA 2631 S.W. 107TH CT. MIAMI, FL., 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRESURER ISIDORO GUINDI 2631 S.W. 107TH CT. MIAMI, FL., 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AMIN GUINDI DAYAN 2631 S.W. 107 CT., MIAMI, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AMIN GUINDI AMKIE 2631 S.W. 107 CT., MIAMI, FL.

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other info empowered.

SIGNATURE:  **AMIN GUINDI DAYAN** 5/31/02 Date (305) 225-0949 Day and Florida