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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION -
ANNUAL REPORT
1995



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

DOCUMENT # **509873** (6)

1. Corporation Name
MORANNE ENTERPRISES CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1230 E 4TH AVENUE HIALEAH FL 33011-7339
1234 E 4th Ave Hialeah FL 33010

3. Date Incorporated or Created 08/10/1976	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1712466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability to interstate tax under S. 198.042, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State Apt # etc.	26 State Apt # etc.
22 City & State	27 City & State
24 ZIP	29 ZIP

9. Name and Address of Current Registered Agent

**MORLANNE, ADRIAN
2801 CYPRESS BLVD
MIRAMAR FL 33025**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE PD	12.2 NAME MORLANNE, ADRIAN	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 STREET ADDRESS 1230 E 4th AVE	12.4 CITY, ST, ZIP HIALEAH FL	13.2 NAME	
12.5 TITLE TD	12.6 NAME MORLANNE, ELIO	13.3 TITLE ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 STREET ADDRESS 1230 E 4th AVE	12.8 CITY, ST, ZIP HIALEAH FL	13.4 NAME	
12.9 TITLE SD	12.10 NAME MORLANNE, ELIC	13.5 TITLE ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS 1230 E 4th AVE	12.12 CITY, ST, ZIP HIALEAH FL	13.6 NAME	
12.13 TITLE	12.14 NAME	13.7 TITLE ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 STREET ADDRESS	12.16 CITY, ST, ZIP	13.8 NAME	
12.17 TITLE	12.18 NAME	13.9 TITLE ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 STREET ADDRESS	12.20 CITY, ST, ZIP	13.10 NAME	
12.21 TITLE	12.22 NAME	13.11 TITLE ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 STREET ADDRESS	12.24 CITY, ST, ZIP	13.12 NAME	
12.25 TITLE	12.26 NAME	13.13 TITLE ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.27 STREET ADDRESS	12.28 CITY, ST, ZIP	13.14 NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(1)(b), Florida Statutes. I further certify that the information included 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 appointed to manage this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment, as applicable.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR