

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **683550** (8)
1. Corporation Name
MORALMAR TRANSPORT CORP.

Principal Place of Business 3130 WEST 15TH AVENUE HIALEAH FL 33012	Mailing Address 3130 WEST 15TH AVENUE HIALEAH FL 33012
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/29/1980	
4. FEI Number 59-2032250		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent BLECHER, NOELIA E. 3130 WEST 15TH AVENUE HIALEAH FL 33012				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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			
TITLE	PD	NAME	MORENO, EDUARDO	1.1 TITLE		1.2 NAME	
STREET ADDRESS	3130 WEST 15TH AVENUE			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	HIALEAH FL			2.1 TITLE		2.2 NAME	
TITLE	STD	NAME	MORENO, NOELIA	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS	3130 WEST 15TH AVENUE			3.1 TITLE		3.2 NAME	
CITY - ST - ZIP	HIALEAH FL			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	VD	NAME	BAEZ, ANDRES	4.1 TITLE		4.2 NAME	
STREET ADDRESS	3130 WEST 15TH AVENUE			4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP	HIALEAH FL			5.1 TITLE		5.2 NAME	
TITLE	TD	NAME	BLECHER, NOELIA E.	5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS	3130 W 15TH AVENUE			6.1 TITLE		6.2 NAME	
CITY - ST - ZIP	HIALEAH FL			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]* 11/30/98 (306) 711-1111

CR2E034 (10/97)