

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F77350 (9)

1. Corporation Name

MO-MA MARKET CORP.

Principal Place of Business

1036 SW FIRST AVE
2525 NE 2ND AVENUE
MIAMI FL 33130
US

Mailing Address

1036 SW FIRST ST
2525 NE 2ND AVENUE
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/22/1982

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2179142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 1036 S.W. 1 ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI, FLORIDA

28 City & State

29

24 Zip

33130

25 Country

U.S.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICE CANTERA
1038 SW 1 STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
1036 S.W. 1 ST.

83

84 City
MIAMI

FL

85 Zip Code
33130

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 Sections 607.0505, Florida Statutes.

SIGNATURE

Signature, Type and Print Name of Registered Agent and the Association

AMADA C. LOPEZ, PRES

(NOTE: Registered Agent signature required when resigning)

DATE

4/20/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRANCO, MANUEL
STREET ADDRESS	2525 NE 2ND AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ALALU, MOISES
STREET ADDRESS	2525 NE 2ND AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	700001471727
2.4 CITY - ST - ZIP	-05/02/95--01150--002
3.1 TITLE	***400.00 ***200.00
3.2 NAME	200.00
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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 member 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 in the statement with an address.

SIGNATURE:

MANUEL FRANCO

Pre/D

4/20/95