

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90131 029 \*\*\*150.00

DOCUMENT # **G65354**

1. Corporation Name

**MOSES MARINE ELECTRICAL, INC.**

Principal Place of Business

1641 SW 27TH TERR  
P.O. BOX 22191  
FT. LAUDERDALE FL 33335  
US

Mailing Address

1641 SW 27TH TERR  
P.O. BOX 22191  
FT. LAUDERDALE FL 33335  
US

2. Principal Place of Business

21 **PO BOX 22191**

2a. Mailing Address

26 **PO BOX 22191**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **FT LAUD. FL**

City & State

28 **FT LAUD. FL**

Zip

Country

24 **33335** 25 **US**

Zip

Country

29 **33335** 30 **US**

9. Name and Address of Current Registered Agent

**DORTA, MOISES A.  
1641 SW 27TH TERRACE  
FT. LAUDERDALE FL 33312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/14/1983**

4. FEI Number

**59-2337968**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **MOISES A. DORTA**

82 Street Address (P.O. Box Number is Not Acceptable)

**32 SW 15TH CT**

83

84 City **BOCA RATON**

FL

85 Zip Code **33486**

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

*Moises A. Dorta*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **DORTA, MOISES A**  
STREET ADDRESS **1641 SW 27TH TERRACE**  
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **DORTA, MOISES A**  
1.3 STREET ADDRESS **32 SW 15TH CT**  
1.4 CITY-ST-ZIP **BOCA RATON FL 33486**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
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 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, with all other like empowered.

SIGNATURE:

*Moises A. Dorta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

4/12/99

Date

(954) 764-6348

Daytime Phone #

CR2E034 (11/98)