

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 28 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H82260 (1)
 1. Corporation Name
 MOTURIS INC.



Principal Place of Business: 3901 NW 16TH ST LAUDERHILL FL 33311 US
 Mailing Address: 3901 NW 16TH ST LAUDERHILL FL 33311 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Sulte, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 26 Sulte, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified: 10/23/1985
 4. FEI Number: 59-2262387 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 or has paid the current year Intangible Personal Property Tax due June 30: Yes

9. Name and Address of Current Registered Agent
 TIRELLI, ALFONSO
 3901 NW 16TH ST
 LAUDERDALE FL 33311

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

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 _____ DATE _____
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DAHLER, ERNST	
STREET ADDRESS	GROSSWIES 38	
CITY-ST-ZIP	8185 WINKEL/SWITZ	
TITLE	TSGM	<input type="checkbox"/> DELETE
NAME	TIRELLI, ALFONSO	
STREET ADDRESS	3901 NW 16TH ST	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	800002603248
1.4 CITY-ST-ZIP	-07/31/98--01001--002
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	***150.00
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____ 07/18/98

CR2E034 (5/98)

PSJ

HARRY VENIS, P.A.
Certified Public Accountant

2455 E. SUNRISE BOULEVARD - PENTHOUSE NORTH - FORT LAUDERDALE, FL 33304
(954) 566-1040 - FAX (954) 566-4070

July 16, 1998

Florida Department of State
Annual Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

RE: Moturis Inc.

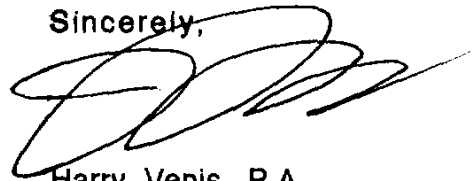
Dear Gentleperson:

We respectfully request the abatement of the \$400.00 Penalty for not filing by May 1, 1998.

My client never received the First Annual Report sent, and enclosed is the \$150.00 for Filing Fee.

Thank you for your consideration.

Sincerely,



Harry Venis, P.A.
Certified Public Accountant