

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39967 (9)

1. Corporation Name

MORALES PRODUCTS, INC.

Principal Place of Business

**2 NE AVENUE H
BELLE GLADE FL 33430**

Mailing Address

**2 NE AVENUE H
BELLE GLADE FL 33430**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/04/1990** 3a. Date of Last Report **02/23/1994**

4. FEI Number **65-0158381** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Exemption (certificates exempt from) ☐ **\$5.00 May Be Added to Fees**

8. This corporation files liability for international tax under 2-199-032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29

30 Country

9. Name and Address of Current Registered Agent

**MORALES, ROBERTO
2 NE AVENUE H
BELLE GLADE FL 33430**

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 607.1506, 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 of Registered Agent (Print Name of Registered Agent and Title)

PRINT (Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**DP
MORALES, ROBERTO
2 NE AVENUE H
BELLE GLADE FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**DS
MORALES, FRANCISCO
2 NE AVENUE H
BELLE GLADE FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

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STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY ST ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY ST ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY ST ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY ST ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. 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 110.07(3)(b), 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. 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 (changed), or on an attachment with an address.

SIGNATURE:

Roberto Morales

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-30-95 = 996-5479