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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 1 50652

## FILED May 07 1997 8:00am Secretary of State

DOCUMENT # L50652 1. Corporation Name MOE'S MIAMI CORPORATION  Principal Place of Business 16950 W DIXIE HWY #436 N MIAMI BEACH FL 33160  Mailing Address 16950 W DIXIE HWY #436 N MIAMI BEACH FL 33160							
					3. Date Incorporated or Qualified 02/12/1990	3a. Date of Li 05/01/19	
2. Principal	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Applied For
21 Suite, Apl	H ests	Suite, Apt. #, etc.			65-0289816	_ 60	Not Applicable  75 Additional
22	w, eq.	27			6. Certificate of Status Desired		Pequired
City & Sta	ile	City & State		<del></del>	Election Campaign Financing     Trust Fund Contribution		.00 May Be
Žip 24	Country 25	Zip <b>29</b>	Country 30	,		] Yes □ No	der s. 199.032.
	9, Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Ro	egistered Agent	<del></del>
	W, MORRIS I. 950 West Dixie Hwy #436			<u> </u>			
	PRTH MIAMI BEACH FL 33160				lress (P.O. Box Number is Not Acceptal	ble)	
			83				
•			84	City		F1 85	Zip Code
			tutes, the above is authorized by Florida Statutes	e-named corp y the corpora s.	poration submits this statement for the partition's board of directors. I hereby acce	purpose of chang of the appointme	ing its registered nt as registered
SIGNATURE	Signature, typical or printed name of registered a	gent and tice if applicable (A	IOTE: Registered Ape		poration submits this statement for the partition's board of directors. I hereby accelled when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIREC	CTORS IN 12
SIGNATURE 12. THU	Signature, typical or printed name of registered a	gent and tice if applicable (N	IOTE: Registered Age		ired when reinstating)	DATE	CTORS IN 12
SIGNATURE 12. THU	Signature, typed or printed name of registered a OFFICERS AI P LEW, MORRIS, I 18950 W DIXIE HWY #438	gent and tice if applicable (A	OTE: Registered Ape	eni signature requi	ired when reinstating)	DATE CERS AND DIREC	CTORS IN 12
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4. To nevery certify that the information supplied with this tiling does not quarty for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this annual report or supplied ental 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 feceiver or trustee encowered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ne Phone #