FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L51024** **(2)**

1. Corporation Name

MORALES & COMPANY, INC.

Principal Place of Business	Mailing Address
C/O G. DAVID MORALES 931 S.W. 122ND AVENUE MIAMI FL 33184	C/O G. DAVID MORALES 931 S.W. 122ND AVENUE MIAMI FL 33184

2. Principal Place of Business	929 S.W. 122 AVE.	2a. Mailing Address	929 S.W. 122 AVE
21 Street Address	929 S.W. 122 AVE.	26 Street Address	929 S.W. 122 AVE
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State	MIAMI, FLA.	28 City, State	MIAMI, FLORIDA
24 Zip	33184	25 Country	U.S.A.
29 Zip	33184	30 Country	U.S.A.

3. Date Incorporated or Qualified: 02/14/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0190311 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORALES, G. DAVID
255 NW 128TH AVE
MIAMI FL 33182

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, my position as registered agent under Florida Statutes.

SIGNATURE: [signature] (Florida Registered Agent's signature required when name is changed) DATE: 01-29-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	D	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	MORALES, G. DAVID		2 NAME		
STREET ADDRESS	255 NW 128 AVE		3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4 CITY-ST-ZIP		
2 TITLE	D	☐ DELETE	2 TITLE		☐ Change ☐ Addition
NAME	MORALES, TERESITA C.		2 NAME		
STREET ADDRESS	255 NW 128 AVE.		2 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 CITY-ST-ZIP		
3 TITLE		☐ DELETE	3 TITLE		☐ Change ☐ Addition
NAME			3 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			3 CITY-ST-ZIP		
4 TITLE		☐ DELETE	4 TITLE		☐ Change ☐ Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
5 TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I 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)(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 added on an attachment with an address.

SIGNATURE: [signature] 01/29/96 (305) 227-9562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #