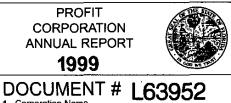
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

04-14-1999 90080 014 ***150.00

MORALE	S EQUIPMENT, INC.							
Principal Place	e of Business	Mailing Address			[[0]]]]]]]]]]]]]]]]]]]]]]]]]]]]]) {	Bil bibli Bibli B	
%ARMANDO MORALES %ARMANDO MORALES					1			
40 W. 57TH STREET 40 W. 57TH STREET								
HIALEAH FL 33012 HIALEAH FL 33012				DO NOT WRITE IN THIS		SPACE		
	_				3. Date Incorporated or Qualifer 04/04/1990	1 		
Principal Place of Business 2a. Mailing Address				4. FEI Number			plied For	
21 26					65-0183959			t Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
City & State City & State								<u> </u>
City & State	e	— <i>'</i>			6. Election Campaign Financing	' [□]	\$5.00 Added t	•
23 Zip	Country		Country		Trust Fund Contribution	reent weer Inte		O Fees
Zip '	25	29 3			This corporation owes the cu Personal Property Tax.	rrent year ind		□No
24	9. Name and Address of Curre		<u>v.</u>		10. Name and Address of New	Registered /		
	3. Name and Address of Can-	one regional Agont	81	Name				
MOR	Rales, armando							
40 V	v. 57th Street		82	Street A	ddress (P.O. Box Number is Not Accep	table)		
HIAL	EAH FL 33012		83					
			84	City		FL	85 Zip C	ode
11. Pursuant office or reagent, I as	to the provisions of Sections 607.03 egistered agent, or both, in the Stat m familiar with, and accept the obliq	502 and 607.1508, Florida Statutes te of Florida. Such change was aut gations of, Section 607.0505, Florid	, the above horized by la Statutes	e-named c the corpor	orporation submits this statement for the ation's board of directors. I hereby account to the state of the st	e purpose of ept the appoir	changing its ntment as req	registered gistered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered a				quired when reinstating)	DATE	D DIDEATA	
12.	OFFICERS A	AND DIRECTORS	13.		quired when reinstating) ADDITIONS/CHANGES TO O			
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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:

305-884-4010