

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 # **L95809**

(4)

1. Corporation Name

MOCA INTER-PRISES, INC.



Principal Place of Business

**90 NE 56TH CT
FT LAUDERDALE FL 33334**

Mailing Address

**90 NE 56TH CT
FT LAUDERDALE FL 33334**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

g. Name and Address of Current Registered Agent

**LAYUN, MOISES
90 NE 56TH CT
FT LAUDERDALE FL 33334**

3. Date Incorporated or Qualified
08/13/1990

3a. Date of Last Report
03/15/1995

4. FEI Number
65-0219817

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

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 607.1509, 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 607.0504, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and Florida Secretary of State

Printed Name of Agent and Florida Secretary of State

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE
1. TITLE **D**
NAME **LAYUN, MOISES**
STREET ADDRESS **90 NE 56TH CT**
CITY-ST-ZIP **FT LAUDERDALE FL**

☐ DELETE
2. TITLE **D**
NAME **WATSON, CATHERINE ANNE**
STREET ADDRESS **90 NE 56TH CT**
CITY-ST-ZIP **FT LAUDERDALE FL**

☐ DELETE
3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

☐ Change ☐ Addition
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

☐ Change ☐ Addition
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

☐ Change ☐ Addition
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

☐ Change ☐ Addition
21. TITLE
22. NAME
23. STREET ADDRESS
24. 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 119.07(3)(k), 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 person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CATHERINE A. WATSON

3/18/96

(95A)

779-3608

CR2E034 (12/95)