FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95809

(4)

FILED Apr 22 1998 8:00am Secretary of State

MOCA INTER-PRISES, INC.	9 (4)			
Principal Place of Business	Mailing Address		- I LUBANDIN DID LOIGE BLIDN FOND SOCIAL ANDER DI	āri 410ri diðit Gibir biðir legr
90 NE 56TH CT	90 NE SETH CT			
FT LAUDERDALE FL 33334	FT LAUDERDALE FL 33334		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			08/13/1990	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26	· · · · · · · · · · · · · · · · · · ·	65-0219817	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5,00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24 25	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
LAYUN, MOISES		of Name		
90 NE 56TH CT FT LAUDERDALE FL 33334		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FI DAUDENDALE FL 33334		83		
		B4 City	F	85 Zip Code
Signature typed or pented came of right contains	ent medition than formule (RE)	Flegistated Agort Signature requi		
112. OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME LAYUN, MOISES		1 2 NAME		
STREET ADDRESS 90 NE 58TH CT		1.3 STREET ADDRESS		
CHY-ST-ZHP FT LAUDERDLE FL		1.4 CITY - ST - ZIP		
THE D	DETETE	2 1 TITLE		Change Addition
NAME WATSON, CATHERINE ANNE		2 2 NAME		
STREET ADDRESS 90 NE 56TH CT CHY-SI ZIP FT LAUDERDLE FL		2 3 STREET ADDRESS		
DILE	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	- breeze	3.2 NAME		
STREET ADORESS		3.3 STREET ADDRESS		
City - St - ZiP		3.4 CITY-ST-ZIP		
TITLE		4111116		Change Addition
NAME	DÉLETE	4111110		
NAME	□ DÉLETE	4. 2 NAME		
	DETETE			_ •
STREET ADDRESS GRY-ST-ZIP		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
STREET ADDRESS CHY-SI-7IP TITLE	☐ DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CMY-ST-7IP TITLE NAME		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CHY-ST-7IP TITLE NAME STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADORESS CHY-SI-7IP TITLE NAME STREET ADORESS CHY-SI-7IP	DEEFTE	4. 2 NAME 4. 3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition

14. Thereby 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 arminal epion, supplied 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 on the previous corporation of the corporation on the previous corporation of the corporation of the corporation of the corporation of the previous corporation of the corporation of the previous corporation of the previous corporation of the previous corporation of the corporation of the previous corpor

SIGNATURE:

Muly -) MOISES LA

04/16/98 (404) 720-3621

R2E034 (10/97)