

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M02209** (8)
1. Corporation Name
MORENO ENTERPRISE, INC.

Principal Place of Business
**13725 NW 7TH AVE
N MIAMI FL 33168**

Mailing Address
**13725 NW 7TH AVE
N MIAMI FL 33168**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/27/1984	3a. Date of Last Report 04/22/1994
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2424251	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
Country 25		Country 30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIEGEL, FRANKLIN J., ESQ.
13500 NORTH KENDALL DRIVE
SUITE 200
MIAMI FL 33186**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature Agent or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORENO, ROBERT
STREET ADDRESS	12740 NW 2 AVE
CITY, ST, ZIP	N MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed not equally for the exemption stated in Section 110.07(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 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.

SIGNATURE:

Robert Moreno

- ROBERT MORENO

4/4/95 (205) 688-4677

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE