

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$376)**

**PROFIT
CORPORATION
ANNUAL REPORT**

1995



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

DOCUMENT # M40500

(4)

1. Corporation Name

MOONLIGHTING INVESTIGATIONS, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 350055
MIAMI FL 33135**

**P.O. BOX 350055
MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/23/1986

08/08/1994 1995

4. FET Number

Applied For

Not Applicable

59-2758647

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CABRERA, RAUL D., ESQ.
4201 SW 11TH ST
MIAMI FL 33134**

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 a registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person submitting this report (if not the registered agent)

Signature of person submitting this report (if not the registered agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

12

11 NAME

12 STREET ADDRESS

13 CITY, ST, ZIP

14 NAME

15 STREET ADDRESS

16 CITY, ST, ZIP

17 NAME

18 STREET ADDRESS

19 CITY, ST, ZIP

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 NAME

24 STREET ADDRESS

25 CITY, ST, ZIP

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22 CITY, ST, ZIP

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24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 NAME

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

**2431 SW 83 AVE
MIAMI FL 33155**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), 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 in power 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

305-226-5161

CR2E034 (3/95)