

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

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M55135** (1)
1. Corporation Name
MORSA INVESTMENT CORPORATION



Principal Place of Business Mailing Address
% JOSE SAAVEDRA
P.O. BOX 654138
MIAMI FL 33265

3. Date Incorporated or Qualified **07/08/1987** 3a. Date of Last Report **07/16/1996**
4. FEI Number **59-2820922** 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

2. Principal Place of Business 2a. Mailing Address
21 **15020 SW 53 Terrace** 26 **PO Box 654138**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MIAMI** 27
City & State City & State
23 **Florida** 28 **MIAMI FL**
Zip Zip Country Country
24 **33185** 25 **Dade** 29 **33265** 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SAAVEDRA, JOSE M
5287 WEST 28 CT.
HALEAH FL 33018
81 Name **Jacqueline Saavedra**
82 Street Address (P.O. Box Number is Not Acceptable) **15020 SW 53 Terrace**
83
84 City **MIAMI** FL 85 Zip Code **33185**

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]* **Jacqueline M Saavedra** 1/19/97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	SAAVEDRA, JOSE	1.2 NAME	SAAVEDRA, Jacqueline M
STREET ADDRESS	P.O. BOX 654138 N/A	1.3 STREET ADDRESS	15020 SW 53 Terrace
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33185
TITLE	VSD	2.1 TITLE	VSD
NAME	MORA, GONZALO	2.2 NAME	MORA, GONZALO J
STREET ADDRESS	P.O. BOX 654138 N/A	2.3 STREET ADDRESS	P.O. Box 654138
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33265
TITLE	OD	3.1 TITLE	OD
NAME	SAAVEDRA, JACQUELINE	3.2 NAME	MORA, GONZALO
STREET ADDRESS	PO BOX 654138 NA	3.3 STREET ADDRESS	P.O. Box 654138
CITY-ST-ZIP	MIAMI FL 33265	3.4 CITY-ST-ZIP	MIAMI FL 33265
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **Jacqueline M Saavedra** 1/19/97 305 552-7224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)