

FILED

May 22 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 # M76606 (6)  
1. Corporation Name  
MOOSE (FLA) CORP.

Principal Place of Business	Mailing Address
10462 NW 31 TR MIAMI FL 33172	10462 NW 31 TR MIAMI FL 33172-1800

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>	<b>10400 N.W. 33rd. Street</b> Suite, Apt. #, etc.	<b>26</b>	<b>10400 N.W. 33rd. Street</b> Suite, Apt. #, etc.
<b>22</b>	<b>Suite 230</b> City & State	<b>27</b>	<b>Suite 230</b> City & State
<b>23</b>	<b>Miami, Florida</b> Zip	<b>28</b>	<b>Miami, Florida</b> Zip
<b>24</b>	<b>33172-1023</b>	<b>29</b>	<b>33172-1023</b>
<b>25</b>	<b>U.S.A.</b>	<b>30</b>	<b>U.S.A.</b>

3. Date Incorporated or Qualified <b>04/14/1988</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>65-0044660</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent									
MILOSLAVIC, LUCAS 10462 N.W. 31ST TERR. MIAMI FL 33172	<table border="1"> <tr> <td>81</td> <td>Name <b>MILOSLAVIC, LUCAS</b></td> </tr> <tr> <td>82</td> <td>Street Address <b>10462 N.W. 31ST TERR.</b></td> </tr> <tr> <td>83</td> <td>Suite <b>Suite 100</b></td> </tr> <tr> <td>84</td> <td>City <b>Miami</b></td> </tr> </table>	81	Name <b>MILOSLAVIC, LUCAS</b>	82	Street Address <b>10462 N.W. 31ST TERR.</b>	83	Suite <b>Suite 100</b>	84	City <b>Miami</b>
81	Name <b>MILOSLAVIC, LUCAS</b>								
82	Street Address <b>10462 N.W. 31ST TERR.</b>								
83	Suite <b>Suite 100</b>								
84	City <b>Miami</b>								

10. Name and Address of New Registered Agent

**SLAYC, LUCAS**  
P.O. Box Number is Not Acceptable  
**0 N.W. 33rd. Street**  
**e 230**

**1. Florida** **FL** **85** **Zip Code** **33172-102**

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, 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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE <b>DP</b> <b>MILOSLAVIC, LUCAS</b> <b>10482 N.W. 31ST TERRACE</b> <b>MIAMI FL</b>	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DP</b> <b>Miloslavic, Lucas</b> <b>10400 N.W. 33rd. Street Suite 230</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE <b>DTS</b> <b>MILOSLAVIC, LUKO</b> <b>10482 N.W. 31ST TERRACE</b> <b>MIAMI FL</b>	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DTS</b> <b>Miloslavic, Luko</b> <b>10400 N.W. 33rd. Street Suite 230</b> <b>Miami, Florida 33172-1023</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 checked, as an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ *5/14/97* *(905) 477-7420*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)