

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000022203

**FILED**  
**Nov 24, 2014**  
**Secretary of State**

**Entity Name:** MORALES ASSOCIATES CORP.

**Current Principal Place of Business:**

AVENIDA CARRERA 58 #138-50  
APTO 803 TORRE 4  
BOGOTA, BO COLOMBIA CO

**New Principal Place of Business:**

**Current Mailing Address:**

AVENIDA CARRERA 58 #138-50  
APTO 803 TORRE 4  
BOGOTA, BO COLOMBIA CO

**New Mailing Address:**

**FEI Number:** 65-0983868      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SCHIFFMAN, ADAM R  
2999 NE 191ST ST., STE. 900  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

INTERNATIONAL ADVISORS SERVICE LLC  
2600 S DOUGLAS ROAD  
SUITE 1007  
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIRTA ABREU

11/24/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MORALES, ALEXANDER  
Address: AVENIDA CARRERA 58 #138-50 APTO 803 T 4  
City-St-Zip: BOGOTA, BO COLOMBIA CO

Title: V  
Name: MORALES, ANDREA  
Address: CARRERA 65 # 22 A-43 T3 APTO 501  
City-St-Zip: BOGOTA, BO COLOMBIA CO

Title: S  
Name: MORALES, YAMILE  
Address: AVENIDA CARRERA 58 #138-50 APTO 803 T 4  
City-St-Zip: BOGOTA, BO COLOMBIA CO

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MORALES, ALEXANDER

P

11/24/2014

Electronic Signature of Signing Officer or Director

Date