


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91440 039 ***150.00

0573899 AV

DOCUMENT # P02000090260	
1. Entity Name MORERIAS CORPORATION	

Principal Place of Business 12020 NORTH US HIGHWAY 441 OCALA FL 34475	Mailing Address 12020 NORTH US HIGHWAY 441 OCALA FL 34475
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUINCEY, JAMES S 111 SOUTHEAST 1ST AVENUE GAINESVILLE FL 32601	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

4. FEI Number 02-0639542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PURON, ABELARDO M BATALLON DE SAN PATRICIO #111 DPT 2202 GARZA GARDA, N.L. MEXICO 66269	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JENKINS KAREN A. 5950 EDMONDSON PK NASHVILLE, TN 37211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VTD DE MORALES, MA. ESTHER P BATALLON DE SAN PATRICIO #111 DPT 2202 GARZA GARDA, N.L. MEXICO 66269	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S PONCE, LORENA M BATALLON DE SAN PATRICIO #111 DPT 2202 GARZA GARDA, N.L. MEXICO 66269	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen A. Jenkins* **Director** **3/30/03** **352-402-0066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)