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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

1997

DOCUMENT # P92000009075 (2)

MORENO LUBRANO, INC.

Principal Place of Business Mailing Address 960 W SRD AVE 24201 SW 182 AVE HOUSE APT BLDGS MIAMI FL 33031-1212 HIALEAH FL 33010 3. Date Incorporated or Qualified 3a. Date of Last Report 12/03/1992 04/08/1996 FEI Number Applied For 65-0394326 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 Yes 🔲 No 25 Florida Statutes 10. Name and Address of New Poylstered Agent 9. Name and Address of Current Registered Agent Name MORENO, MARTA 24201 SW 182ND AVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 84 City 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 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition TITLE 1.1 THEE MORENO, ALBERT 1.2 NAME NAME 24201 SW 182ND AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 1.4 Crt Y - \$1 - ZIP DELETE ☐ Change ☐ Addition TITLE 2.1 1016 NAME MORENO, MARTA 22 NAME STREET ADDRESS 24201 SW 182ND AVE 2.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 2.4 CITY - \$1 - 7F DELETE Change Addition TITLE 3.1 THUE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIF TITLE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4.011Y+S1+Z(P DELETE Change Addition 513005 TITLE NAME 5.2 NAM8 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition ___ Change 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 suppliencental 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 off an attachment with an address.