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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90067 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000003892

1. Corporation Name
MOCORP, INC.

Principal Place of Business
928 71ST STREET
MIAMI BEACH FL 33141

Mailing Address
7830 MIAMI VIEW DR
N BAY VILLAGE FL 33141
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/14/1993

4. FEI Number
65-0382001

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 928 71st Street

22 City & State

27 Suite, Apt. #, etc.

23 Zip Country

28 Miami Bch, FL

24 Zip Country

29 33141 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGENSTERN, MICHAEL
7830 MIAMI VIEW DR
N BAY VILLAGE FL 33141

81 Name
ERNIE A. REVILLA

82 Street Address (P.O. Box Number is Not Acceptable)
928 71st Street

83

84 City Miami Bch, FL

85 Zip Code 33141

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

Ernie A. Revilla President

(NOTE: Registered Agent signature required when reinstating)

5/1/99

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE D ☒ DELETE

NAME MORGENSTERN, MICHAEL
STREET ADDRESS 7830 MIAMI VIEW DR
CITY-ST-ZIP NO BAY VILLAGE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ERNIE A. REVILLA
1.3 STREET ADDRESS 928 71st Street
1.4 CITY-ST-ZIP MIAMI Bch, FL 33141

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Ernie A. Revilla

5/1/99

305-861-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)