FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P93000005442 (7) DOCUMENT #

MOORE-SMITH GROUP, INC.

Principal Place of Business Mailing Address

FILED Mar 26 1998 8:00am Secretary of State



1 Incipari lact	0 00000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
12801 N.W. 27 AVENUE MIAMI FL 33167		12901 N.W. 27 AVENUE Miami Fl. 33167						
					DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualified			
					01/19/1993			
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address		4. FEI Number		Applied For	
21		26 3252 N.W. 48 "ST.			65-0387303		Not Applicable	
Suite, Apt. #, etc.		26 3252 ~. w. 48 " Sī. Suite, Apt. #, etc.			\$8.75	Additional		
22 City & State		27		5. Certificate of Status Desired	+	Required		
City & State	P	City & State		6. Election Campaign Financing	\$5.0	O May Be		
23	•	28 M: AM. 5L		Trust Fund Contribution		d to Fees		
Zin.	Zip Country Zip		Country		8. This corporation owes or has paid the			
24	25 29 3314 2 30		-		Personal Property Tax due June 30. Yes No			
24	9. Name and Address of Current		130		10. Name and Address of New Register		.==-	
Od Nome								
TERMINELLO, LOUIS J								
950 SOUTH MIAMI AVENUE				Street Add	iress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33130-4121			-					
			83					
			84	City		85 Zi	p Code	
				1		·┗││		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abov	e-named cor	poration submits this statement for the purpos	e 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.								
-		ions of, coolien contact, i	ionos cialais					
SIGNATURE	Signature, typed or printed name of registered agen	Land title it applicable (NO	TE Registered Ag	ent signature regu	lired when reinstating) DAT	E		
12.	OFFICERS AND		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	ORS IN 12	
TITLE	PSD	DELETE	1.1 TITLE			☐ Change	e Addition	
NAME	MOORE, MILTON	_	1.2 NAME	i				
	12901 N.W. 27TH AVENUE			F ADDRESS				
STREET ADDRESS	1-11			- 1				
CITY-ST-ZIP	MIAMI FL 33167	DELETE	1.4 CITY-5	ST · ZIP		Chang	e Addition	
TITLE	****		2.1 TITLE			L Charg	e [_] Addition	
NAME	SMITH, CLARENCE E		2.2 NAME					
STREET ADDRESS	12901 N.W. 27TH AVENUE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33167		2. 4 CITY-	ST-ZIP				
TITLE	DELETE		3.1 TITLE	- 1		Change	e 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	T ADDRESS				
CITY-ST-ZIP			3.4. CiTY-	ST-ZIP				
TITLE		DELETE	4.1 TITLE			Chang	e Addition	
NAME		_	4. 2 NAME	1				
STREET ADDRESS				T ADDRESS				
· ·			4.4 CITY-					
CITY-ST-ZIP		DELETE	5.1 TITLE	51-ZIP		Chang	e Addition	
TITLE		☐ percie				- Original		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
TITLE		DELETE	6.1 TITLE	- 1		☐ Chang	e [] Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CiTY-	ST-ZIP			i	
OHIT-SI-ZIF	I		V.7 MIT-		Caption 140 07/2\(i) Florido Statutos I furtho		lan information	

Thereby 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 reopier 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 all attachment with an address.

SIGNATURE:

3-23-98 V. PYRS. 305-638-0843