FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 11 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000017582 (6)**

1. Corporate Name

MOR-EQUIP, INC.

Principal Place of Business

935 OSORIO AVENUE
CORAL GABLES FL 33146

Mailing Address

935 OSORIO AVENUE
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1993**

3a. Date of Last Report: **03/11/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

State, Zip & Country
22

State, Zip & Country
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: **65-0390133** ☐ 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. The corporation has been or is engaged in business as defined in 290.012 Florida Statutes. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MORALES, GUILLERMO F
935 OSORIO AVENUE
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1622(2), Florida Statutes, 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. To the best of my knowledge and belief, the information provided herein is true and accurate. I am familiar with and accept the obligations of Section 607.1622, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR TYPE		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Type or Print)
Title	D	☐ Change ☐ Addition
Name	MORALES, GUILLERMO F	
Street Address	935 OSORIO AVENUE	
City-State-Zip	CORAL GABLES FL 33146	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an additional

SIGNATURE: Guillermo F. Morales — 3/15/95 — 305/662-7977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0159946 CP