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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:26

DOCUMENT # P93000019377 (9)

1. Corporation Name
M.O.R. OF MIAMI, INC.

Principal Place of Business	Mailing Address
2655 LE JEUNE RD PENTHOUSE 2 CORAL GABLES FL 33134	2655 LE JEUNE RD PENTHOUSE 2 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 12/01/1994
4. FEI Number: 65-0430743 ☐ 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 has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DE MOLINA, OCTAVIO G
2655 LE JEUNE RD
PENTHOUSE 2
CORAL GABLES FL 33134

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 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 OCTAVIO G. DE MOLINA O G de Molina DATE 1/20/95
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACCINI, MARCELA 2655 LE JEUNE RD PENTHOUSE 2 CORAL GABLES FL 33134	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PRESIDENT Marcela Accini	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIRIBOGA, RAFAEL 2655 LE JEUNE RD PENTHOUSE 2 CORAL GABLES FL 33134	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	SECRETARY	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ICAZA, OSCAR 2655 LE JEUNE RD PENTHOUSE 2 CORAL GABLES FL 33134	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	TREASURER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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, added or deleted.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR AGENT — DATE

0141405 CP