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

PROFIT CORPORATION ANNUAL REPORT

1997

100



FLORIDA DEPARTMENT OF STATE

FILED

Jun 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400006324 (5)

M. O. IN	IVESTMENT CORPORATION)	
Principal Place ALPG-iness 801 MONTEREY #208 801 MONTEREY #208 SUITE 208 CORAL GABLES FL 33134 US Mailing Address 801 MONTEREY #208 SUITE 208 CORAL GABLES FL 33134-2537 US				3. Date Incorporated or Qualified 3a. Date of Last Report		
2. Principal Pl 21 Sulte, Apt. 22	iace of Business M. a. Joovo #, etc.	2a. Mailing Address 26 Solme Suite, Apt. #, etc.	sabore	01/18/1994 4. FEI Number 65-0469129 5. Certificate of Status Desired	05/23/1996 Applied For Not Applicab \$8.75 Additional Fee Required	le.
City & State 23 Zip	Country 25	City & State 28 Zip 29	Country	6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes 7. The corporation has liability for the corporation has liabil	\$5.00 May Be Added to Fees intangible tax under s. 199.032, 3 Yes \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1549 MIAN 11, Pursuant I office or reagent. I as			82 Street Addr 83 City M 9	ess (P.O. Box Number is My Appliants) Sometimes of the properties	FL 85 Zip Code 20 Durpose of changing its registered by the appointment as registered	đ
	Signature, typod or printed name of registored ager		OTE: Registered Agent signature require		DATE	_
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition	าก
NAME STREET ADDRESS CITY-ST-ZIP	MELAMED, ZEEV C.C. CADA DE LAS MERCEDES CARACAS, VENEZUELA	_	1.2 NAME. 2. 1.3 STREET ADDRESS 6	60 NW 85th Cla Wiomi Q! 3	se #10 ≥ 3126 N⊠ Change □ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV ORTIZ, ENRIQUE 15495 S.W. 57 ST. MIAMI FL 33193	& DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 66	ce-President GENIO LARA 5 NW 85th Place #10 ami, F1 33126		JN.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mean: 1 & 00100	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ami, FI 35120	Change Additio	n
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 Title 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Additio)N
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Additio	'n
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	l in Section 119.07(3)(i), Florida Statute	Change Additio	'n

I do nereby certify that the information surplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Frortida Statutes. Turther certify that the information indicated on this annual report or suppliemental 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 my resolver 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 charged, or on any attachment with an address.