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Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000016226 (0)

1. Corporation Name  
MORKASH FINANCIAL SERVICES INC.

Principal Place of Business  
736 E. 10TH ST.  
HIALEAH FL 33010

Mailing Address  
736 E. 10TH ST.  
HIALEAH FL 33010-3636

3. Date Incorporated or Qualified  
03/01/1994

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number  
65-0469962

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. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTUNEZ-EMILIANO  
2535 COLLINS AVE.  
#2200  
MIAMI BEACH FL 33139

81 Name  
George A. Vazquez  
82 Street Address (P.O. Box Number is Not Acceptable)  
1121 Andora Ave.  
83  
84 City Coral Gables, FL 85 Zip Code 33146

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

Signature, typed or printed name of registered agent and the name of the corporation (NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP X[X] DELETE  
NAME ANTUNEZ, EMILIANO E-----  
STREET ADDRESS 2535 COLLINS AVE 200-----  
CITY-ST-ZIP MIAMI BEACH FL 33139-----

TITLE DS  
NAME VAZQUEZ, GEORGE A==  
STREET ADDRESS 1121 ANDORA AVE-----  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE P/S/D X[X] Change  
2.2 NAME VAZQUEZ, GEORGE A.  
2.3 STREET ADDRESS 1121 Andora Ave.  
2.4 CITY-ST-ZIP Coral Gables, FL 33146

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: George A. Vazquez P/S/D George A. VAZQUEZ 4/10/97 (305/885-5084)

CR2E034 (9/96)