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Apr 21 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 # P94000024320 (1)

1. Corporation Name  
FULL MOON MATERNITY, INC.



Principal Place of Business  
1080 E 17 ST  
HIALEAH FL 33010

Mailing Address  
1080 E 17 ST  
HIALEAH FL 33010-3318

3. Date Incorporated or Qualified  
03/25/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 1097 E. 35th St.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1097 E. 35th St.  
Suite, Apt. #, etc.

4. FEI Number  
65-0475485

Applied For  
Not Applicable

22 City & State  
23 Hialeah, Fla.

27 City & State  
28 Hialeah, Fla.

24 33013 25 Country

29 33013 30 Country

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

SIMON, ROSA  
1080 E 17 ST  
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name  
Simon, Rosa

82 Street Address (P.O. Box Number is Not Acceptable)  
1097 E. 35th St.

83

84 City  
Hialeah

85 FL 86 Zip Code  
33013

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 *Rosa Simon* DATE 4-16-97.  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SIMON, ROSA 1080 E 17 ST HIALEAH FL	1.1 TITLE	P Simon, Rosa
NAME		1.2 NAME	1097 E. 35th St
STREET ADDRESS		1.3 STREET ADDRESS	Hialeah, Fl.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	33013
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Rosa Simon* DATE 4-16-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)