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FILED
Feb 18 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 # P94000043517 (9)

1. Corporation Name
MOJI SOLA PRODUCTS, INC.

Principal Place of Business

303 IPSWICH STREET
BOCA RATON FL 33487

Mailing Address

303 IPSWICH STREET
BOCA RATON FL 33487-3914



2. Principal Place of Business

21 748 NW 12th Ave

Suite, Apt. #, etc.

22

City & State

23 Boca Raton, FL

Zip

24 33486

Country

25 USA

2a. Mailing Address

26 748 NW 12th Ave

Suite, Apt. #, etc.

27

City & State

28 Boca Raton, FL

Zip

29 33486

Country

30 USA

3. Date Incorporated or Qualified

06/06/1994

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0497623

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

COCKE, WILLIAM W
303 IPSWICH STREET
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

COCKE, William W.

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

748 NW 12th Ave

83

84 City

Boca Raton

FL

85 Zip Code

33486

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: William W. Cocke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 6, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COCKE, WILLIAM W
STREET ADDRESS 303 IPSWICH STREET
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ DELETE

NAME COCKE, TANAROLA D
STREET ADDRESS 303 IPSWICH STREET
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ DELETE

NAME DZOBI, AMA D
STREET ADDRESS 303 IPSWICH STREET
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ DELETE

NAME COCKE, TANAROLA D
STREET ADDRESS 303 IPSWICH STREET
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME COCKE, WILLIAM W.
1.3 STREET ADDRESS 748 NW 12th Ave
1.4 CITY-ST-ZIP Boca Raton, FL 33486

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME COCKE, Tanarola D.
2.3 STREET ADDRESS 748 NW 12th Ave
2.4 CITY-ST-ZIP Boca Raton, FL 33486

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DZOBI, Ama
3.3 STREET ADDRESS 748 NW 12th Ave
3.4 CITY-ST-ZIP Boca Raton, FL 33486

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: William W. Cocke

Feb 6, 1997 (51214)-16915

CR2E034 (9/96)