

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 11 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000045448 (5)**

1. Corporation Name

**RICARDO MORALES-GOMEZ & ASSOCIATES INC.**

Principal Place of Business

Mailing Address

5775 N.W. **11** STREET  
SUITE 110  
MIAMI FL 33126

5775 N.W. **11** STREET  
SUITE 110  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5775 NW 11 STREET

26 5774 NW 11 STREET

22 Suite, Apt. #, etc  
SUITE 110

27 Suite, Apt. #, etc  
SUITE 110

23 City & State  
MIAMI, FL

28 City & State  
MIAMI, FL

24 Zip 33126 Country

29 Zip 33126 Country

30

4. FEI Number

65-0502573

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

CRUZ, FELIX D  
780 N.W. LE JEUNE RD.  
SUITE 427  
MIAMI FL 33126

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 607.0905, Florida Statutes.

SIGNATURE

Signature (typed or printed name) of registered agent and the filer (applicant)

NOTE: Registered Agent signature required after registering.

(DATE)

12. OFFICERS AND DIRECTORS

TITLE: D  
NAME: MORALES-GOMEZ, RICARDO  
STREET ADDRESS: 16903 N.W. 69TH AVE.  
CITY, ST, ZIP: MIAMI FL 33015

TITLE: D  
NAME: MORALES-GOMEZ, MIRTA D  
STREET ADDRESS: 16903 N.W. 69TH AVE.  
CITY, ST, ZIP: MIAMI FL 33015

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:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

*Ricardo Gomez* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95 305-261-2147  
Date Telephone Number