

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000045448 (5)

1. Corporation Name

RICARDO MORALES-GOMEZ & ASSOCIATES INC.



Principal Place of Business: **5775 NW 11 STREET SUITE 110 MIAMI FL 33126 US**
Mailing Address: **5775 NW 11 STREET SUITE 110 MIAMI FL 33126 US**

2. Principal Place of Business: **5775 NW 11 STREET SUITE 110 MIAMI FL 33126 US**
2a. Mailing Address: **5775 NW 11 STREET SUITE 110 MIAMI FL 33126 US**

3. Date Incorporated or Qualified: **06/17/1994** 3a. Date of Last Report: **04/11/1995**
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. 190.032, 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:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0607 and 607.0608, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES-GOMEZ, RICARDO	2. NAME	
STREET ADDRESS	16903 N.W. 69TH AVE.	3. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33015	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES-GOMEZ, MIRTA D	6. NAME	
STREET ADDRESS	16903 N.W. 69TH AVE.	7. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33015	8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY - ST - ZIP		12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 Book 12 or Book 13 if changed, or on an attached form with an address.

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

3/29/96 305-261-2147

CR2E034 (12/95)