## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT





### ■ FLORIUA DEPARTMENT OF STATE

### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94	4000061609 (1	)
MOTTA INTERNATIONAL IN	C.	

# **FILED** Oct 13 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address						
1300 LINCOLN ROAD 1300 LINCOLN ROAD								
Suite 701   Miami Beach	SUITE 701 CH FL 33139 MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE					
l mirami Derioti		WITH DEPOT IE SOIS			3. Date Incorporated or Qualified			
					08/22/1994			
2. Principal Place of Business 2a. Mailing Address				ed For				
21 800 WEST AVC [26]			65-0513860 Not A	Applicable				
Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Add	ditional				
[22] AT # 535 [27]			5. Certificate of Status Desired Fee Requ	ired				
	City & State City & State			6. Election Campaign Financing \$5.00 M	ay Be			
23 MJ A		th 28			Trust Fund Contribution	Fees		
<sup>Zip</sup> 22	126 Country	Zip	Count	гу	8. This corporation owes or has paid the current year Intangible			
24 2.7	25	29	30		Personal Property Tax due June 30. Yes	10		
		Current Registered Agent		1 Name	10. Name and Address of New Registered Agent			
	ITA, JOSE			Ivame	e			
	D LINCON ROAD		8	2 Street	et Address (P.O. Box Number is Not Acceptable)			
	TE #701		ļ.	63				
MIA	MI BEACH FL 33138		ľ	"				
			E	4 City	FL 85 Zip Coo	de		
11. Pursuan	t to the provisions of sections 6	07.0502 and 607.1508. Florida Statute	s. the abov	e-named		tered		
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 secept the objection of the corporation of the								
SIGNATURE		tered agent and tille if applicable (NC	TF: Registere	Anant signal	slure required when reinstating) DATE			
12.		RS AND DIRECTORS	13.	- Gora - G	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12		
TITLE	PTO	DELETE	1,1 TITLE		PT.D Change	Addition		
NAME	MOTTA, JOSE	DECENT	1.2 NAM	Ē	MOTA LOSE			
STREET ADDRESS	1300 LINCOLN ROAD #7	701	1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY	ST-ZIP	MIAMI BEACH, FL 33139			
TITLE		DELETE	2.1 TITLE		Change	Addition		
NAME			2.2 NAM					
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2.4 CITY	ST-ZIP				
TITLE		DELETE	3.1 TITLE		Change	Addition		
NAME		22:	3.2 NAM	_	ruuuukbb223 r			
STREET ADDRESS			3.3 STRE	ET ADDRESS	, -10 <u>/1</u> 3/9801010 <b>03</b> 3			
CITY-ST-ZIP			3.4 CITY	\$T-ZIP	***550.00			
TITLE		DELETE	4.1 TITLE		Change	Addition		
NAME		_	4.2 NAM		_ , _			
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE		DELETE	5.1 TITLE		Change	Addition		
NAME		<del></del>	5.2 NAM					
STREET ADDRESS			5.3 STRE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition		
NAME		<u>₩</u> 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.2 NAM	:		NS		
STREET ADDRESS			6.3 STRE	ET ADDRESS	,   · · · · · · · · · · · · · · · · · ·	10 13		
			6.4 CITY-			10.73		
CITY-ST-ZIP								

14. I hereby certify that the information supplied with this fiting 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 flat 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 empoyered 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 attackment with an address.