SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000039326 (0)**

1. Corporation Name
MORELL & COMPANY, INC.

Principal Place of Business	Mailing Address
555 NORTHEAST 34TH STREET APT. 1901 MIAMI FL 33137	555 NORTHEAST 34TH STREET APT. 1901 MIAMI FL 33137

2. Principal Place of Business 21 16400 Collins Ave.	2a. Mailing Address 26 3191 CORAL WAY
Suite, Apt. #, etc. 22 642	Suite, Apt. #, etc. 27 115
City & State 23 Miami FL	City & State 28 MIAMI FL
Zip / Country 24 33160 / 25	Zip / Country 29 33145 / 30

3. Date Incorporated or Qualified 05/17/1995	3a. Date of Last Report
4. FEI Number 65-0588105	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name: RAMON MORELL
82 Street Address (P.O. Box Number is Not Acceptable): 16400 COLLINS AVE.
83: Suite 642
84 City: Miami FL 85 Zip Code: 33160

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: R. Morell 8/17/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required where indicated.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P/D ☑ Change ☐ Addition
NAME	MORELL, RAMON	1.2 NAME	MORELL, RAMON
STREET ADDRESS	555 NORTHEAST 34TH STREET, APT. 1901	1.3 STREET ADDRESS	16400 COLLINS AVE. Suite 642
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	Miami, FL 33160
TITLE	☐ DELETE	2.1 TITLE	V/D ☐ Change ☑ Addition
NAME		2.2 NAME	APARICIO, LUISA
STREET ADDRESS		2.3 STREET ADDRESS	16400 COLLINS AVE. Suite 642
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33160
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. MORELL 7/17/96 305-4426547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #