


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000047449 (0)

1. Corporation Name

MOTO MUNDI, INC.

Principal Place of Business

401 69 STREET SUITE 5-N
MIAMI BEACH FL 33141

Mailing Address

401 69 STREET SUITE 5-N
MIAMI BEACH FL 33141-3101

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

06/18/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

4119 North State Rd.

Suite, Apt. #, etc.

27

#A-101

City & State

28

FT. LAUDERDALE, FL

Zip

29

33319

Country

30

U.S.A.

4. FEI Number

65-0590376

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

DE OLIVEIRA, LAURA R
401 69 STREET SUITE 5-N
MIAMI BEACH FL 33141

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FERREIRA, RICARDO L
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE SD ☐ DELETE

NAME DE OLIVEIRA, LAURA R
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE TD ☐ DELETE

NAME SALLES, ELIZABETH L
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE VD ☐ DELETE

NAME FERREIRA, PAULO L
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE TD ☐ DELETE

NAME FERREIRA, IVO L
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY - ST - ZIP MIAMI BEACH FL 33141

TITLE VD ☐ DELETE

NAME FERREIRA, CARLOS L
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY - ST - ZIP MIAMI BEACH FL 33141

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 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

02-06-97

1954) 796-7140

CR2E034 (9/96)