

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

FILED
Apr 27 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

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

4119 NO STATE ROAD SEVEN
STE A 101
FORT LAUDERDALE FL 33319
US



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

3. Date Incorporated or Qualified

06/19/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 607.0502 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

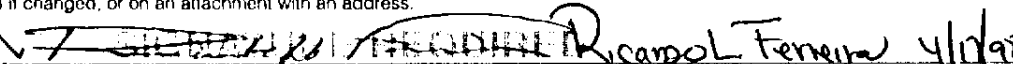
12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FERREIRA, RICARDO L | |
| STREET ADDRESS | 401 69 STREET SUITE 5-N | |
| CITY - ST - ZIP | MIAMI BEACH FL 33141 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | DE OLIVEIRA, LAURA R | |
| STREET ADDRESS | 401 69 STREET SUITE 5-N | |
| CITY - ST - ZIP | MIAMI BEACH FL 33141 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SALLES, ELIZABETH L | |
| STREET ADDRESS | 401 69 STREET SUITE 5-N | |
| CITY - ST - ZIP | MIAMI BEACH FL 33141 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FERREIRA, PAULO L | |
| STREET ADDRESS | 401 69 STREET SUITE 5-N | |
| CITY - ST - ZIP | MIAMI BEACH FL 33141 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | FERREIRA, IVO L | |
| STREET ADDRESS | 401 69 STREET SUITE 5-N | |
| CITY - ST - ZIP | MIAMI BEACH FL 33141 | |
| TITLE | VD | <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I 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:  Ricardo L. Ferreira 4/10/98

CR2E034 (10/97)