

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90172 038 ***150.00

DOCUMENT # P95000047449

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 33139
US

DO NOT WRITE IN THIS SPACE

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FERREIRA, RICARDO L
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY-STATE-ZIP MIAMI BEACH FL 33141 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE SD
NAME DE OLIVEIRA, LAURA R
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY-STATE-ZIP MIAMI BEACH FL 33141 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE TD
NAME SALLES, ELIZABETH L
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY-STATE-ZIP MIAMI BEACH FL 33141 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VD
NAME FERREIRA, PAULO L
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY-STATE-ZIP MIAMI BEACH FL 33141 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE TD
NAME FERREIRA, IVO L
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY-STATE-ZIP MIAMI BEACH FL 33141 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE VD
NAME FERREIRA, CARLOS L
STREET ADDRESS 401 69 STREET SUITE 5-N
CITY-STATE-ZIP MIAMI BEACH FL 33141 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)