FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000062535 (6)

1. Corporation Name

MORENO FAMILY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
6500 W 4 AVE HIALEAH FL 31012-6670	~~6500 W 4 AVE~~ ~~HIALEAH FL 31012-6670~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26 3400 Coral Way	08/14/1995	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 600	4. FEI Number 65-0606029	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami, Florida	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33145-3053 / Country 30 U.S.A	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

MORENO, ALFREDO
~~19750 NW 57 PLACE~~
~~MIAMI FL 33015~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 8865 N.W. 189 TERR

83

84 City Miami **FL** 85 Zip Code 33015

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORENO, ALFREDO ~~19750 NW 57 PLACE~~ ~~MIAMI FL 33015~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 8865 N.W. 189 Terr. Miami, Fl. 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORENO, MAXIMINO ~~820 W 43 STREET~~ ~~HIALEAH FL 33012~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 8873 N.W. 189 Terr. Miami, Fl. 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORENO, MARIA D ~~820 W 43 STREET~~ ~~HIALEAH FL 33012~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 8873 N.W. 189 Terr. Miami, Fl. 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORENO, RAMON ~~820 W 43 STREET~~ ~~HIALEAH FL 33012~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 8802 N.W. 189 Terr. Miami, Fl. 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 800001810428 -05/07/96--01021--006 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

4/1/96

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

SIGNATURE: _____ Ramon Moreno 3-12-96 (305) 446-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #