## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

	MORADO ENTERPRISES INC	).			
Principal Plac	e of Business				
		Mailing Address		i constant tin form) Citif Calli Di	olit nosti oblito bilit idost bilita 1616t bilit idi
13855 SW 157 STREET MIAMI FL 33186 33177 M		13855 SW 157 STRE MIAMI FL 32180-3	EET 3177		
0.0				3. Date incorporated or Qualified 08/30/1995	3a. Date of Last Report
2. Principal P	OS. DixiE HWY	2a. Mailing Address 26 P. O. Look	0.01	4. FEI Number	X Applied For
Suite, Apt.	#. etc.	26    P. O - 200 ×   Suite, Apt. #, etc.	986		Not Applicable
22		27 Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State .			Fee Required
23 PRINCETON, FLORIGA		28 MIAMI, FLORIDA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country	Zip	Country	This corporation has liability for	Added to Fees
330	9. Name and Address of Current	129 JON 65	30 USA	Florida Statutes Yes	s 🔀 No
	The same state of Carlett	r negistered Agent	81 Name	10. Name and Address of New F	Registered Agent
FNAMO	DRADO, HECTOR O		1 1		
13855	SW 157 STREET		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
MIAMI	FL.33188:33177		83		
			84 City		85 Zip Code
<ol> <li>Pursuant t or register</li> </ol>	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above named como	oration submits this statement for the pur	FL   83   Zip Code
familiar wit	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Sectio	a. Such change was authoriz on 607.0505, Florida Statutes	ed by the corporation's boa	ard of directors. I hereby accept the appe	rpose of changing its registered offici ointment as registered agent. I am
SIGNATURE _					
- · ·	Signature, typed or printed name of registered agent ar	nd tite if applicable (NO			DATE
12.	OFFICERS AND	DIRECTORS	TE. Ficylstered Agent signature require	ed when reinstating)	DATE  ICERS AND DIRECTORS IN 12
12.	PD OFFICERS AND	OID DELETE	13.		
12. ITLE	PD PNAMORADO, HECTOR O	DIRECTORS	13. 1.1 MLE 1.2 NAME	ed when reinstating)	ICERS AND DIRECTORS IN 12
12. TITLE TAME STREET ADDRESS	PD ENAMORADO, HECTOR O 13855 SW 157 STREET	DIRECTORS	13. 1.1 TrillE 1.2 NAME 1.3 STREET ADDRESS	od when reinstating) ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12    Change   Addition
12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD PNAMORADO, HECTOR O	DIRECTORS DELETE	11. Finglishered Agent signature require  13. 1.1 TrillE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	od when reinstating) ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12    Change   Addition
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12.  TITLE  VAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  IAME	PD ENAMORADO, HECTOR O 13855 SW 157 STREET MIAMI FL 33186 VD ENAMORADO, MARIA L	DIRECTORS DELETE	13. 1.17/ILE 1.2 NAME 1.3 STREET ADDRESS 1.4 C/TY-ST-ZIP 2.1 TITLE 2.2 NAME	od when reinstating) ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12    Change   Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

TOR O- WIMMERS TO PRESUM