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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P95000084183 (9)

MOROCCO MOROCCO, INC.

Principal Place of Business Mailing Address 570 N. UNIVERSITY DR. 570 N. UNIVERSITY DR. PLANTATION FL 33324 PLANTATION FL 33324 Date Incorporated or Qualified 3a. Date of Last Report 10/30/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65 0618560 Not Applicable Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be AUDERDALE 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199,032 Florida Statutes X Yes No Country 25 USA 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GRAY, PHAM THI MUOI Street Address (P.O. Box Number is Not Acceptable) 570 N. UNIVERSITY DR. PLANTATION FL 33324 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Flor-da 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE [IA] Ł . Sign at way typed on protecting in three potential agent and three it approachs NOTE Projective LAgent is granue in presumble in institution. CR2E034 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE I 11II£F Change Addition GRAY, PHAM THI MUOI NAME 1.2 NAME 570 N. UNIVERSITY DR. STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33324** CITY - \$1 - ZIP 1.4 CHY - ST-ZIP DELETE Change Addition 2 1 HILE GRAY, LINDA NAME 2.2 NAME 570 N. UNIVERSITY DR. STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP 24 CITY ST ZIP DELFTE TITLE 3 1 III F Change Addition GRAY, RAYMOND NAME 3.2 NAME 570 N. UNIVERSITY DR. STREET ADDRESS 3.3 STREET ADDRESS PLANTATION FL 33324 CITY - ST - ZIP 3.4 CITY - ST - ZIP DELETE TITLE Addition 4 1] II _E NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS C(11Y-S1-2)F 4.4 CiTY - ST - ZIP DELETE TITLE 5.1 III. E Change Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STEEFT ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE. 6 1 TIT.E Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CMY ST-ZIP 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)(b). 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

SIGNATURE:

STREET ADORESS

CITY - ST - ZIP

OFFICER OFFICETOR

oath, that I am an officer or director of the corporation or the receiver or trustee enipowered 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 9545635008