SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 AUG -6 AMII: 57 **DOCUMENT #** P95000089855 SECRETARY OF STATE TALLAHASSEE, FLORIDA **MOON & MOON CORPORATION** Principal Place of Business Mailing Address 135 NE FIRST AVENUE STE 1 135 NE FIRST AVENUE STE 1 DELRAY BEACH FL 33444 **DELRAY BEACH FL 33444** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/27/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0623714 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ___ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHOWDHURY, BULBUL 195 NE FIRST AVENUE STET 15 455 S. W. Warf reld Blod Name Street Address (P.O. Box Number is Not Acceptable) Indiantown Zip Code FLA 34956 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. CHOWDHURY BULBUL D'Change Addition 15455 S.W. WARFIELD BLAND TITLE 1.1 TITLE DELETE CHOWDHURY, BULBUL NAME 1.2 NAME 103 SOUTH US 1 BAY. #F-3 1.3 STREET ADDRESS STREET ADDRESS INDIANTOWN, FLA 34956 JUPITER FL CITY-ST-ZIF 1,4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE NAME 2.2 NAME **101**5----01090--015 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ****150.00_F TITLE 3.1 TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5 1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE __ DELETE Change ___ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 only 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 nain Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

Sultril Chowdhy

7-27-98 561-640,4010

CR2E034 (5/98)

The Secretary of State
Division of Corporation Annual Report Section
PO Box 6327
Tallahassee ., Fla. 32314

Dated 07-07-98

Ref.: P- 95000089855

Dear Madam / Sir,

I would like to very humbly request your good office that I could not file our Annual Report due to the fact that I had to leave the country because my father had passed away. It is on humanitarian grounds that I request you to please review the penalty and excuse it. I would be very grateful for the kind gesture.

Thank you, Yours Sincerely,

Bulbul Chowdhury