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

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mosham 📑

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021949 (8)

MOYA MERCHANDISE GENERAL DISTRIBUTOR, CORP.

Principal Place of Business Mailing Address 10691 N.W. 75TH AVE 16691 N.W. 75TH AVE MIAMI FL 33015 MIAMI FL 33015-4144 3. Date incorporated or Qualified 3a. Date of Last Report 03/08/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For x 65-066022 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032 Yes No Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOYA, ROBERTO A 16891 N.W. 75TH AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 63 B4 City 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 blis if applicable (NOTE\_flegistered Agent's gnature required when roustating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRED - VERSO . - (EC. DELETE 1.1 HILE ☐ Change TITLE BEATO A. HOYA 1.2 NAME NAME STREET ADDRESS 13 STREET ADDRESS 14 CHTY-ST-7IP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DELETE 5.1 Title Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition Change DELETE 6.1 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 eath; 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

SIGNATURE.

CITY-ST-ZIP

**FILED** 

Jun 17 1997 8:00am

Secretary of State