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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Moatham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000046629 (7)**

1. Corporation Name
THE MORAGROD CORPORATION



Principal Place of Business
**8500 STATE ROAD 84
FT LAUDERDALE FL 33324**

Mailing Address
**8500 STATE ROAD 84
FT LAUDERDALE FL 33324-4548**

3. Date Incorporated or Qualified
06/03/1996

3a. Date of Last Report

2. Principal Place of Business
21 **8500 ST. RD. 84.**

2a. Mailing Address
26 **8500 ST. RD. 84**

4. FEI Number
65-0719062

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **FORT LAUDERDALE, FL.**

City & State
28 **FORT LAUDERDALE, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **33324**

Country
25 **U.S.A.**

Zip
29 **33324**

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

**VESTAL, DONALD J
3440 HOLLYWOOD BLVD STE 450
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name **SATHAPORN YOSAGRAI**

82 Street Address (P.O. Box Number is Not Acceptable)
1701 S.W. 33RD AVENUE

83

84 City **DAVIE** FL 85 Zip Code **33324**

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 the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE **01-13-97**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **YOSAGRAI, SATHAPORN**
STREET ADDRESS **8500 STATE ROAD 84**
CITY - ST - ZIP **FT LAUDERDALE FL 33324**

TITLE **SD** ☐ DELETE
NAME **YOSAGRAI, EM-ORN**
STREET ADDRESS **8500 STATE ROAD 84**
CITY - ST - ZIP **FT LAUDERDALE FL 33324**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-97

Date

Daytime Phone #

6544743769

CR2E034 (9/96)