

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90005 002 \*\*\*150.00

DOCUMENT # P96000050447

1. Corporation Name

MOR-LITE OF NORTH AMERICA, INC.

Principal Place of Business

7168 123RD CIRCLE N  
LARGO FL 33773  
US

Mailing Address

503 BARNES DR  
BRANDON FL 33511  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1996

4. FEI Number

59-3384771

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

Subsidiary  
☐ Yes ☒ No

2. Principal Place of Business

21 3904 Airport Rd

2a. Mailing Address

26 3904 Airport Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PLANT CITY, FL

City & State

28 PLANT CITY, FL

Zip Country

24 33567 25

Zip Country

29 33567 30

9. Name and Address of Current Registered Agent

ALVAREZ, JOSE A  
503 BARNES DRIVE  
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name

ALVAREZ, JOSE A

82 Street Address (P.O. Box Number is Not Acceptable)

3904 AIRPORT RD

83

84 City

PLANT CITY

FL

85 Zip Code

33567

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

*Jose A Alvarez*  
Signature, typed or printed name of registered agent and title if applicable.

JOSE A. ALVAREZ

(NOTE: Registered Agent signature required when reinstating)

4-6-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	ALVAREZ, JOSE A	
STREET ADDRESS	503 BARNES DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	DANIEL, PENAS SR	
STREET ADDRESS	575 ESPLANADE AVE #301	
CITY-ST-ZIP	REDONDO BCH CA 90277	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, STEVEN M	
STREET ADDRESS	503 BARNES DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALVAREZ, KEVIN J	
STREET ADDRESS	503 BARNES DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	PALOS VERDE, CA
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE:

*Jose A Alvarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

Date

(813) 752-8890

Daytime Phone #

CR2E034 (1/98)