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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000059735 (6)

MOONCHILD, INC.

**FILED** May 22 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			i iddiidet eif inten nitt dater ante dater ante aufen alter toter endad eitet altt radi
C/O KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND \$T., 28TH FLOOR MIAMI FL 33131		C/O KTG8S REGISTERED AGENT CORPORATION 100 S.E. 2ND ST., 28TH FLOOR MIAMI FL 33131			ORATION  DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/16/1996
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 65-0704223 Applied For
21		26			APPLIED FOR Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intargible
24	25	29	30		Personal Property Tax due June 30. ☐ Yes ☑ No
	9, Name and Address of Current		1-31		10. Name and Address of New Registered Agent
KT	GAS REGISTERED AGENT COR	PORATION	8	1 Nam	ame
	) <b>S.</b> E. 2ND ST.	0.5	٠,	0 0	750 D. M. J.
	TH FLOOR		82 Street Add		reel Address (P.O. Box Number is Not Acceptable)
	MI FL 33131		8	3	
THE THE	umi ( C 0010)				
			6	4 City	ty 🕞 85 Zip Code
44 Durayant to	the provisions of Soutions 607 0609	and CO7 1LOS Elorido S	Statutes, the abo	ua pama	med corporation submits this statement for the purpose of changing its registered
office or reg	gistered agent, or both in the State of	f Horida, Such change	was authorized	by the co	corporation's board of directors. I hereby accept the appointment as registered
agent. I am	familiar with, and accept the obligat	iotis of, Section 607.050	)5, Florida Statul	.es.	
SIGNATURE _	grature typed or prested neval chrountened agent		AlOU Francisco		parure required when reinstating) DATE
12.	OFFICERS AND		13.	vgerr signa i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST	DELET		:	Change Addition
NAME	MARRERO, LISETTE		1.2 NAM		
STREET ADDRESS	927 SW 3 ST 1			et address	0000
i i	MIAMI FL				\ '
CITY-ST-ZIP TITLE	MINAMILLE	DELET		- S1 - ZIP	☐ Change ☐ Addition
		ي مددر			Driwing
NAME			2.2 NAM		
STREET ADDRESS				ET ADDRESS	1
CITY-ST-ZIP	<del> </del>	Decem		'- ST - ZIP	
TITLE		☐ DELETI			Change Addition
NAME			3 2 NAM		
STREET ADDRESS			3.3 STRE	ET ADDRESS	(ESS
CITY-ST-ZIP		T ton an		r - S1 - ZIP	
TITLE		☐ DELET			Change Addition
NAME			4. 2 NAN	ME.	
STREET ADDRESS			4.3 STRE	ET ADDRESS	IESS
CITY-ST-ZIP		····		- \$1 - Z(P	
TITLE		DELET	E 5.1 TITLE		Change Addition
NAME			5.2 NAM	E	
STREET ADDRESS			5.3 STRE	ET ADORESS	NESS
CITY-ST-ZIP			5.4 CiTY	-ST-ZIP	
TITLE		☐ DELET			Change Addition
NAME			6.2 NAM	E	
STREET ADDRESS				ET ADDRESS	NESS
CITY-ST-ZIP			64 CITY		
dd Thorabu co	106 that the information and the A	i thin filing door not and			plated in Section 110 (77/2)/i). Florida Statutes, I further contifu that the information

in this limits does not quality for the exemption stated in Section 1190/(3)(), Florida Statutes, I further certify that the information faintful report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an iver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in