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May 05 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060591 (0)

1. Corporation Name

MORALES DESIGN GROUP, INC.



Principal Place of Business

2501 BRICKELL AVE NO 1003
MIAMI FL 33129

Mailing Address

2501 BRICKELL AVE NO 1003
MIAMI FL 33129-2461

3. Date Incorporated or Qualified

07/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3121 PONCE DE LEON BLVD.

26 3121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 104

27 104.

City & State

City & State

23 CORAL GABLES, FL.

28 CORAL GABLES, FL.

Zip

Country

Zip

Country

24 33134

25 U.S.

29 33134

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORALES, MARIO E
2501 BRICKELL AVE NO 1003
MIAMI FL 33129

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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

MARIO MORALES

4-25-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPSV
NAME MORALES, MARIO E
STREET ADDRESS 2501 BRICKELL AVE NO 1003
CITY-ST-ZIP MIAMI FL 33129

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

TITLE T
NAME MORALES, MARIO E
STREET ADDRESS 2501 BRICKELL AVE NO 1003
CITY-ST-ZIP MIAMI FL 33129

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information furnished 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, its 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 as an attachment with an address.

SIGNATURE:

MARIO MORALES

4/25/97 2501-2461

CR2E034 (9/96)