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FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000060591 (0)

1. Corporation Name

MORALES DESIGN GROUP, INC.

Principal Place of Business

Mailing Address

3121 PONCE DE LEON BLVD  
STE #104  
CORAL GABLES FL 33134  
US

3121 PONCE DE LEON BLVD  
STE #104  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1996

4. FEI Number

65-0684975

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 or has paid the current year Intangible  
Personal Property Tax due June 30

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2100 CORAL WAY

26 2100 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 401

27 401

City & State

City & State

23 MIAMI FLORIDA

28 MIAMI FL

Zip

Country

Zip

Country

24 33145

25 US

29 33145

30 US

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 607.0502 and 607.0503, 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 block applicable

(NOTE: Registered Agent signature required when reinstating)

4-25-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DPT  
1.3 STREET ADDRESS MORALES, MARIO E.  
1.4 CITY-ST-ZIP 2100 CORAL WAY, STE. 401  
MIAMI. FL. 33145.

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME DV  
2.3 STREET ADDRESS DAVID, JUAN C.  
2.4 CITY-ST-ZIP 2100 CORAL WAY, STE. 401  
MIAMI. FL 33145.

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information submitted in 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 supplementary 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 attached sheet with an address.

SIGNATURE:

4-25-98 306.051.3337

CR2E034 (10/97)