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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000069612 (5)

EL MORA, INC.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 9018 STAR ISLAND WAY 4360 NORTHLAKE BLVD HOBE SOUND FL 33455 #205 PALM BCH FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0689402 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Г 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangiple 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTIN E WASHOFSKY, E.A., P.A. 4360 NORTHLAKE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 205 PALM BEACH GARDENS FL 33410 **B3** 84 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change 1.1 TITLE Addition MORASCH, LUDWIG NAME 1.2 NAME CRZEG34 9018 STAR ISLAND WAY STREET ADDRESS 1.3 STREET ADDRESS **HOBE SOUND FL 33455** CITY-ST-ZIP 1.4 CITY - ST - 7/P DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ___ Addition NAME **3.2 NAME** STREET ADDRESS **3.3 STREET ADDRESS** CITY - ST - ZIP 3 4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change ■ Addition

CITY-ST-ZIP 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 compration 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 cityinged or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

MORMSUM

KES

1-15-98

561-699-290

Change

Addition

FILED

Mar 16 1998 8:00am

Secretary of State