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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000087690 (9)**

1. Corporate Name
MOWAA CORPORATION

Principal Place of Business	Mailing Address
150 S.E. 2ND AVENUE SUITE 902 MIAMI FL 33131	150 S.E. 2ND AVENUE SUITE 902 MIAMI FL 33131-1576

3. Date Incorporated or Qualified: 10/23/1996
3a. Date of Last Report:

2. Principal Place of Business
21 6936, BYRON AVENUE
Street, Apt. #, etc.
22 SUITE 02
City & State
23 MIAMI FL
Zip / Country
24 33141 / 25 USA

2a. Mailing Address
26 6936, BYRON AVENUE
State, Apt. #, etc
27 SUITE 02
City & State
28 MIAMI, FL
Zip / Country
29 33.141 / 30 USA

4. FEI Number: 65-0703907 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BANKS, DENISE
1734 N.W 81ST WAY
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name: FARIA DOS SANTOS, MAURO
82 Street Address (P.O. Box Number is Not Acceptable): 6936, BYRON AVENUE
83: APARTAMENTO 02
84 City: MIAMI, FL 85 Zip Code: 33141

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: Denise Banks 03-10-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~BANKS, DENISE~~ ~~150 S.E. 2ND AVENUE, SUITE 902~~ ~~MIAMI FL 33131~~	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~BRANDON, ELAINE~~ ~~150 S.E. 2ND AVENUE, SUITE 902~~ ~~MIAMI FL 33131~~	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALMEIDA JATOBA, KRALA D 150 S.E. 2ND AVENUE, SUITE 902 MIAMI FL 33131	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FARIA DOS SANTOS, MAURO 150 S.E. 2ND AVENUE, SUITE 902 MIAMI FL 33131	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD FARIA DOS SANTOS, MAURO 6936, BYRON AVE #02 MIAMI, FL 33141	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD ALMEIDA JATOBA, KARLA D 6936, BYRON AVE #02 MIAMI, FL 33141	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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.

SIGNATURE: Denise Banks 03-10-97 (305) 8617483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #