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May 16 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 # P96000092202 (6)

1. Corporation Name

MOONSOUTH ENTERPRISES, INC.

Principal Place of Business

0000 S.W. 88TH STREET
APT. NO. F-213
MIAMI FL 33176

Mailing Address

0000 S.W. 88TH STREET
APT. NO. F-213
MIAMI FL 33176-1836



2. Principal Place of Business

21 2441 NW 93RD AVE

Suite, Apt. #, etc.

22 SUITE 107

City & State

23 MIAMI, FLORIDA

Zip

24 33172

Country

25 USA

2a. Mailing Address

26 2441 NW 93RD AVE

Suite, Apt. #, etc.

27 SUITE 107

City & State

28 MIAMI, FL

Zip

29 33172

Country

30 USA

3. Date Incorporated or Qualified

11/08/1996

3a. Date of Last Report

4. FEI Number

65-0706759

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

LIMA, HELENA MACHADO
0000 S.W. 88TH STREET
APT. NO. F-213
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

CLAUDIO ARGUELLO

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

2441 NW 93RD AVE

83

SUITE 107

84 City

MIAMI

FL

85 Zip Code

33172

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 of Registered Agent or Officer and Director if applicable

ARGUELLO, CLAUDIO

04/30/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.8 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.2 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.3 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.4 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.5 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.6 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.7 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARGUELLO, CLAUDIO

04/30/97

(305) 716-0045

0230283

CR2E034 (9/96)