FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Aug 19 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 # *P96000096382*

1. Corporation Name

MOYK, INC.

Principal Place of Business	Mailing Address
3619 NE 207th ST. #2314 *AVENTURA, FL 33180*	*3619 NE 207 ST. #2314* *AVENTURA, FL 33180*

3. Date Incorporated or Qualified *NOV. 26, 1996*	3a. Date of Last Report

4. FEI Number *65-6719150*	☐ Applied For ☐ Not Applicable

2. Principal Place of Business **21**	2a. Mailing Address **26**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**
City & State **23**	City & State **28**
Zip **24**	Country **25**	Zip **29**	Country **30**

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	10. Name and Address of New Registered Agent
LAURENT KADOUCH *3619 NE 207 ST. # 2314* *AVENTURA, .FL 33180*	**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 607.1508, 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 _____ *LAURENT KADOUCH* DATE *8/13/97*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE *PRESIDENT* ☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME *LAURENT KADOUCH*	1.2 NAME		
STREET ADDRESS *3619 NE 207 ST. # 2314*	1.3 STREET ADDRESS		
CITY-ST-ZIP *AVENTURA, FL 33180*	1.4 CITY-ST-ZIP		
TITLE ☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2.4 CITY-ST-ZIP		
TITLE ☐ DELETE	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		
TITLE ☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	5.2 NAME		*PE 8.19*
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE ☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME	**100002273051**	
STREET ADDRESS	6.3 STREET ADDRESS	-08/20/97--01117--031	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	***550.00**	

CR2E034 (9/96)

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: _____ *LAURENT KADOUCH* Date *8/13/97* Daytime Phone # *305-466-8588*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR