

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

FILED

**May 13 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 # P96000100901 (3)

1. Corporation Name
MORA TRANSPORT INC.



Principal Place of Business Mailing Address
**3200 NW 79 STREET
LOT B-215
MIAMI FL 33147** **3200 NW 79 STREET
LOT B-215
MIAMI FL 33147-4647**

3. Date Incorporated or Qualified 3a. Date of Last Report
12/13/1996

21. Principal Place of Business 3200 NW 79 ST	2a. Mailing Address 3200 NW 79 ST	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. LOT B-215	26. Suite, Apt. #, etc. LOT B-215	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State MIAMI FL	27. City & State MIAMI FL	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip FL 33147	28. Zip 33147	30. Country DADE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MORA, ADRIAN R 3200 NW 79 STREET LOT B-215 MIAMI FL 33147		10. Name and Address of New Registered Agent	
81. Name	MORA, ADRIAN R		
82. Street Address (P.O. Box Number is Not Acceptable)	3200 NW 79 ST		
83.	LOT B-215		
84. City	MIAMI	85. Zip Code	FL 33147

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	1.2 NAME	Marlenys Mora
STREET ADDRESS	Adrian R. Mora	1.3 STREET ADDRESS	3200 NW 79 ST LOT B-215
CITY-ST-ZIP	3200 NW 79 ST LOT B-215	1.4 CITY-ST-ZIP	MIAMI FL 33147
CITY-ST-ZIP	MIAMI FL 33147	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 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: _____ DATE: **5-3-97**
SIGNATURE (REQUIRED) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0003762**

CF2E034 (9/96)