

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90136 012 ***150.00

DOCUMENT # P97000046872

1. Corporation Name FULL MOON PROPERTIES, INC.

Principal Place of Business 2100 W 76TH ST 403 HIALEAH FL 33016 US

Mailing Address 2100 W 76TH ST 403 HIALEAH FL 33016 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/28/1997

4. FEI Number 65-0773521 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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTNOY, JOSE 10179 SW 127TH ST MIAMI FL 33176

81 Name ALVARADO, MIGDALIA 82 Street Address (P.O. Box Number is Not Acceptable) 18552 NW 19TH STREET 83 84 City PEMBROKE PINES, FL 85 Zip Code 33029

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

M. Alvarado

03-29-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PD NAME PORTNOY, JOSE STREET ADDRESS 10179 SW 127TH ST CITY-ST-ZIP MIAMI FL 33176

13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

TITLE SD NAME ALVARADO, MIGDALIA E STREET ADDRESS 18552 NW 19TH ST CITY-ST-ZIP PEMBROKE PINES FL 33029

21 TITLE P/S/D NAME ALVARADO, MIGDALIA E STREET ADDRESS 18552 NW 19 STREET CITY-ST-ZIP PEMBROKE PINES, FLORIDA 33029

TITLE NAME STREET ADDRESS CITY-ST-ZIP

31 TITLE T/D NAME ELSA PRESTAN STREET ADDRESS 18552 NW 19 ST. CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE NAME STREET ADDRESS CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 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 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, with all other like empowered.

SIGNATURE: M. Alvarado MIGDALIA ALVARADO, PRESIDENT

02/23/99 (305)231-7757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/98)