

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

FILED
Apr 13 1998 8:00am
Secretary of State

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # P97000051662 (9)
 1. Corporation Name
LUIS MORALES MOVING CORP.



| | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business 3802 S.W. 79TH AVE #118 MIAMI FL 33155 | Mailing Address 3802 S.W. 79TH AVE #118 MIAMI FL 33155 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|--------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|-----------------------------------------------------------|--|--------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business 21 12949 NW 9 terrace Suite, Apt. #, etc. | | 2a. Mailing Address 26 12949 NW 9 terrace Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 06/11/1997 | | 4. FEI Number 65-0771263 | | Applied For Not Applicable | |
| 22 City & State Miami FL | | 27 City & State Miami FL | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 23 Zip 33182 | | 28 Zip 33182 | | 29 Country U.S. | | 30 Country | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
MORALES, LUIS
3802 S.W. 79TH AVE
#118
MIAMI FL 33155

10. Name and Address of New Registered Agent
 81 Name **MORALES, LUIS**
 82 Street Address (P.O. Box Number is Not Acceptable)
12949 NW 9 terrace
 83
 84 City **miami** FL 85 Zip **33182**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> DELETE |
| NAME | Luis A Morales | |
| STREET ADDRESS | 12949 NW 9 terrace | |
| CITY-ST-ZIP | miami FL 33182 | |
| TITLE | Vice-President | <input type="checkbox"/> DELETE |
| NAME | Milagros Morales Luova | |
| STREET ADDRESS | 12949 SW 9 terrace | |
| CITY-ST-ZIP | miami FL 33182 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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, the receiver or trustee employed 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: Luis Morales 4-4-98

CR2E034 (10/97)