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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # PO700051662

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90063 002 ***150.00

1. Corporation Name LUIS MORALES MOVING CORP. Principal Place of Business Mailing Address 12949 NW 9 TERRACE 12949 NW 9 TERRACE MIAMI FL 33182 MIAMI FL 33182 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/11/1997			
2. Principal Place of Business 2a. Mailing Address 21 26					4. FEI Number 65-0771263		—— <u>—</u>	oplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		\$8.75 A	
City & State City & State					Election Campaign Financing Trust Fund Contribution	' _□	\$5.00 Added t	May Be
Zip	Country Zip		Country	,	8. This corporation owes the cu	rrent year Int	angible -	. / .
24	25 29 30		30	Personal Property Tax.		Pagintarad	☐ Yes	□No T
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New	vealsteled	Agent	**************************************
MORALES, LUIS								
12949 NW 9 TERRACE			82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33182			83	83				
	•							
5 .fr	··· · · · · · · · · · · · · · · · · ·)	84	"		FL	85 Zip 0	1
11. Pursuant office or i agent I a	to the provisions of Sections 607.0502 registered agent, or both, in the State arm familiar with a provision of the control of	` .	es, the above uthorized by rida Statutes	e-named corpo the corporatio :.	oration submits this statement for the in's board of directors. I hereby acce	e purpose of ept the appoi	changing its ntment as re	registered gistered
	Signature, typed or printed name of registered agent	,		nt signature required		DATE		
12.			13.		ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTO Change	ORS IN 12 Addition
TITLE NAME	MORALES, LUIS A		1.1 TITLE		:		☐ Change	
STREET ADDRESS	40040 1884 6 75554.05		1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33182		1.4 CITY-ST-ZIP					
TITLE			2.1 TITLE	1-212			Change	Addition
NAME	100 10000 1100 HILLS		2.2 NAME					_,
STREET ADDRESS	10010 01110 00000100			T ADDRESS				***
CITY-ST-ZIP MIAMI FL 33182			2. 4 CITY-ST-ZIP					
TITLE	5 - 2 - 3 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3	□ DELETE	3.1 TITLE	1			Change	☐ Addition
NAME STREET ADDRESS	en e		3.2 NAME 3.3 STREET	ADDRESS				
CITY-ST-ZIP	RATE OF THE RESERVE O		3.4. CITY-S		v•			
TITLE		☐ DELETE	4.1 YITLE	H-EIF			Charige	Addition
NAME					•			_
STREET ADDRESS			4. 2 NAME 4.3 STREET	ADDRESS				
CITY-ST-ZIP				T-ZIP				
TITLE	DELETE		5.1 TITLE				☐ Change	Addition
NAME	AE ,		5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS	•			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE	AVAILABLE STORY CONTRACTOR OF THE STORY OF T		6.1 TITLE				☐ Change	Addition
NAME	3 食物 No. He CT TO () () ABOT No. He He CT TO () ()		6.2 NAME					
STREET ADDRESS	TREET ADDRESS			ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	Γ-ZIP				1

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 the 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 emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for or an attachment with an address, with all other like empowered.

Daytime Phone #