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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000058072 (4)

MOONSHINE HOLDINGS MIAMI, INC.

CITY-ST-ZIP

APPROVED * FILED

1998 MAR -5 AM 11: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address % PEDRO A. MARTIN. ESQ. % PEDRO A. MARTIN, ESO. 1221 BRICKELL AVENUE 24TH FLOOR 1221 BRICKELL AVENUE 24TH FLOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 07/02/1997 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 65-0769317 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name MARTIN, PEDRO A ESQ. % PEDRO A. MARTIN, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVENUE 24TH FLOOR 83 **MIAMI FL 33131** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the glove-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 has 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) of registered agent and title if app DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SARKISSIAN, RAFAEL A 1.2 NAME NAME 1221 BRICKELL AVE. 24TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** 1.4 CITY-ST-ZIP CITY-ST-ZIP ロロロロロ2**44979®-^日/®** -03/06/98--01110--010 DELETE TITLE 2.1 TITLE NAME 2.2 NAME ****150.00 ****150.00 STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITE F 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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.

6.4 CITY-ST-ZIP

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