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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700066940

MOMO SERVICE, INC.

Fillicipal Flace of Busiless	(
19328 E. COUNTRY CLUB DR AVENTURA FL 33180 US	19328 E. COUNTRY DR AVENTURA FL 33180 US	DO NOT WRITE IN THIS SPACE			
		3. Date incorporated or Qualifed 08/01/1997			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number			
21 683() Via Regina	26 6830 Via Regina	65-0771076			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired			
City & State	City & State	6. Election Campaign Financing \$5.			
23 Boca Raton, Florida	28 Boca Raton, Florida	Trust Fund Contribution Add			
Zin Country	Zip Country	8 This corporation owes the current year Intangible			

33433

MORGENSTERN, MOISES 19328 E. COUNTRY CLUB DR **AVENTURA FL 33180**

25 USA

9. Name and Address of Current Registered Agent

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90039 019 ***150.00

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Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees angible ₩No ☐ Yes Personal Property Tax.

30 USA 10. Name and Address of New Registered Agent Moises Morgenstern Street Address (P.O. Box Number is Not Acceptable) 638 Via Regina 82 83 Zip Code 33433 84 City Boca Raton,

11. Pursuant to the provisions of Sections 607.050? 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 Moises Morgenstern Stonature, typed or printed n ime of registered agent and title (Applicable, (NO E: Registered Agent signature rec ulired when reinstating) DATE										
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D	☐ DELETE	1.1 TITLE	D/P			X Change	☐ Addition		
NAME	MORGENSTERN, MOISES		1.2 NAME	Moises Mo	rgenstern					
STREET ADDR ESS	19328 E. COUNTRY CLUB DR		1.3 STREET ADDRESS	6830 Via R	egina					
CITY-ST-ZIP	AVENTURA FL 33180	1	1.4 CITY- ST-ZIP		n, Florida	33433				
TITLE	D	☐ DELETE	2.1 TITLE	D			Change	☐ Addition		
NAME	VAINSTEIN, ANNY		2.2 NAME	Anny Vain						
STREET ADDRESS	20185 E. COUNTRY CLUB DR		2.3 STREET ADDRESS	6830 Via R	egina					
CITY-ST-ZIP	AVENTURA FL 33180		2.4 CITY-ST-ZIP	Boca Rato	n, Florida	33433				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition		
NAME			3.2 NAME							
STREET ADDR ESS			33 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE				Change	Addition		
NAME			4 2 NAME							
STREET ADDR ESS			43 STREET ADDRESS							
CITY-ST-ZIP			4 4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE	ı			Change	Addition		
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>						
TITLE		☐ DELETE	6.1 TITLE				Change	Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			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 119.0*(3)(i), Florida Statutes. I further pertify 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:

NAME OF SIGNING OFFICER OR DIRECTOR

03/15/99

Daytime Phone #