

DOCUMENT # P98000005867

1. Entity Name

MORGAN MANAGEMENT SERVICES, INC.

Principal Place of Business

8360 W FLAGLER STREET  
STE 200  
MIAMI FL 33144

Mailing Address

8360 W FLAGLER STREET  
STE 200  
MIAMI FL 33144-2042

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MOLINA, RICARDO J  
8360 W FLAGLER STREET  
STE 200  
MIAMI FL 33144

Name

Street Address (If different from above)

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
MOLINA, RICARDO J  
8360 W FLAGLER STREET  
MIAMI FL 33144

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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12.

TITLE

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, Chapter 607, Part I, F.S. 607.101, which states that the information shall have the effect of a public record if the information is of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Part I, F.S. 607.101, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

034422

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <b>65-0812606</b>		Applied For	
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MOLINA, RICARDO J</b> <b>8360 W FLAGLER STREET</b> <b>STE 200</b> <b>MIAMI FL 33144</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_

<p><b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p><b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MOLINA, RICARDO J</b> <b>8360 W FLAGLER STREET</b> <b>MIAMI FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [Signature] 11/1/00 11/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CB2F034 (9/99)