SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

MORALUZ INC.

| Principal Place of business | Maning Address | ' |
|-------------------------------------|--|--|
| 761 N.W. 21ST ST. MIAMI FL 33125 | 761 N.W. 21ST ST. MIAMI FL 33125 | DO NOT WRITE IN |
| | | 3. Date Incorporated or Qualified 09/21/1998 |
| Principal Place of Business 1 | 2a. Mailing Address 26 P.O. Bo × 351655 | 4. FEI Number 65-0869030 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired |

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90229 027 ***158.75

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| | | | I N.W. 21ST ST. AMI FL 33125 | | | | | | DO NOT WRITE IN THIS SPACE | | | | | | | | | |
|---|------------------|------------------------|--|-------------|-------------|----------------|-------------|--------------|----------------------------------|-------------|----------------------------------|--------------|--------------------------------|------------|----------|--------|------------|---------|
| | . | | _ | | | | | | | | te Incorporate /21/1998 | ed or Qualif | ied | | | | | } |
| 2. Principal P | lace of Busin | iess | | 2a. | Mailing A | ddress | | 7, | يم س ١١- | 4. FEI | Number | | _ | | | Applie | d For | |
| 21 | | | $\frac{26}{26}$ $\frac{1}{1}$ $$ | | | | DI 69 | 5-086 | 903 | 0 | | | Not A | pplicable | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 1 | 5. Certificate of Status Desired | | | } | \$8.75 Additional Fee Required | | | | | |
| 22 27 City & State | | | City & State | | | 6 Flo | ction Campa | ian Financii | 20 | | \$5.0 | <u> </u> | w Bo | 1 | | | | |
| City & State | | | | 28 Migmi 14 | | | | Tru | st Fund Con | tribution | sing \$5.00 May Be Added to Fees | | | | | | | |
| Zip | | Country 25 | Į. | 29 2 | 331 | 35-74 | 30 S | intry | | | s corporation angible Perso | | - | | Yes | □ N | о | |
| | 9. Name | and Address of | f Current Ro | egist | ered Age | nt | • | | | 10. Na | me and Add | ress of Ne | w Registi | ered Ag | ent | | | _ |
| | | | | | | | | 81 | Name | | | | | | | | | |
| | ales, luz | | | | | | | 82 | Stroot Addr | Irono /P O | Box Number | is Not Acce | ntehle) | | | | | - |
| | N.W. 21ST | | | | | | | 02 | Sueet Addi | 11622 (F.O. | BOX Number | is ivot Acce | spizoici | | | | | |
| MIAN | N FL 33125 | i | | | | | | 83 | | | | | | | | | | 1 |
| | | | | | | | | 84 | City | | | | | FL | 85 Z | ip Coc | le | |
| 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 | Signature, typed | or printed name of reg | jistered agent and | title if | applicable. | (NOT | TE. Registe | red A | gent signature requ | | | | | ATE. | | | | ୗୄଈ |
| 12. | | OFFIC | ERS AND D | PIRE | CTORS | | 13. | | | ADD | ITIONS/CHA | NGES TO | OFFICER | S AND | DIREC | TORS | IN 12 | (2/99) |
| TITLE | PD | | | | | DELETE | 1.1 TI | TLE | | | | | | | Chang | e L | Addition | 4 |
| NAME | | , antonio | | | | | 1.2 NA | ME | | | | | | | | | | 8 |
| STREET ADDRESS | 761 N.W. | | | | | | 1.3 ST | REET | ADDRESS | | | | | | | | | CR2E034 |
| CITY-ST-ZIP | MIAMI FL | 33125 | | | | | 1.4 CI | TY-ST | -ZIP | | | | | | | | | _ წ |
| TITLE | VD | | | | | DELETE | 2.1 TI | TLE | | | | | | L | Chang | e L | Addition | - |
| NAME | MORALES | • | | | | | 2 2 NA | AME | | | | | | | | | | |
| STREET ADDRESS | 761 N.W. | | | | | | 2.3 ST | REET | ADDRESS | | | | | | | | | - } |
| C!TY-ST-ZIP | MIAMI FL | 33125 | | | | | 2.4 Cf | TY-ST | -ZIP | | | | | | | | | _ |
| TITLE | | | | | | DELETE | 3.1 TI | TLE | | | | | | L., | Chang | ie L | Addition | |
| NAME | | | | | | | 3.2 NA | ME | - | | | | | | | | | |
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| CITY-ST-ZIP | | | | | | | 5.4 CI | TY-ST | -ZIP | | | | | | | | | ╛ |
| TITLE | | | | | | DELETE | 6.1 TI | ΊLE | | | | | | | Chang | je 🗀 | Addition | |
| NAME | 1 | | | | | | 6.2 N | AME | | | | | | | | | | |
| STREET ADDRESS | | | | | | | 6.3 ST | REET | ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | 6.4 CI | TY-ST | -ZIP | | | | | | | | | _ |
| 14. I hereby co | ertify that the | information sup | plied with this | s filing | g does not | qualify for th | e exem | otion | stated in sec | ction 119.0 | 7(3)(i), Florida | Statutes. I | further ce | ertify tha | t the in | format | tion | |

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.

SIGNATURE:

Daytime Phone #