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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083362

**FILED** Feb 17, 1999 8:00 am Secretary of State

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MOCA	RAY INC	-					
	DAT HTO.						
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	ace of Business	Mailing Address					• • • • • • • • • • • • • • • • • • • •
	il avenue. Suite A453 URG FL 33713	3773 CENTRAL AVENUE ST. PETERSBURG FL 33:					
ai. reienabi	UNG PE 33/13	SI. PETENSBURG PL 38	113		DO NOT WRITE IN TI	HIS SPACE	
					3. Date incorporated or Qualifed		
					09/25/1998		
2. Principal	Place of Business	2a. Mailing Address	-		4. FEI Number	. A	opled For
21		26			59-353365	6 N	ot Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75	Additional
22		27			o, osisione di oscolo de de la constanti de la	Fee R	quired
_, '	City & State			6. Election Campaign Financing \$5.00 May			
Zip	Country	Zip	Causta		I rust +und Commoution	<del></del>	to Fees
24	25)	<b>├</b> ┐ '	Country 30	Y	8. This corporation owes the current year	Intangible ☐ Yes	<b>K</b> ino
<u></u>	9. Name and Address of Curre	29 Angel	[30]		Personal Property Tax.  10. Name and Address of New Register		€ NO
		in regional right	81	Name		oo regent	
WIN	KEBRENNER, J M						
3773 CENTRAL AVENUE SUITE A453			82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
ST.	PETERSBURG FL 33713		83				19730.36
					· · · · · · · · · · · · · · · · · · ·		
			84	City		85 Zö	Code
11. Pursuan	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	les, the abov	e-named corpo	oration submits this statement for the purpose	of changing its	registered
omce or agent. Fa	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was itions of, Section 607.0505. Fl	authorized by orida Statutes	the corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the ap-	pointment as re	gistered
SIGNATURE		•		··.•			
	Signature, typed or printed name of registered age						
				nt algorature required	The same of the sa		
		ID DIRECTORS	13.	nt algresture required	ADDITIONS/CHANGES TO OFFICERS		
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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 ceth; thet 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.

SIGN	ITAL	IRF:			

ALCOYAL,

Mohanlal Jattansingh 1/30/99 727/327-1202
SIGNATURE AND TYPEDON PRINTED NAME OF BIONIST OF BIONIST