

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S41322** (6)

1. Corporation Name
MICHAEL MORALES, INC.



Principal Place of Business: **1393 N.W. 126 WAY SUNRISE FL 33323**
Mailing Address: **1393 N.W. 126 WAY SUNRISE FL 33323**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **03/26/1991**
3a. Date of Last Report: **10/13/1995**
4. FEI Number: **65-0249765**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MORALES, MICHAEL
5011 SW 180TH LN
FT LAUDERDALE FL 33322**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1393 N.W. 126 WAY**
83
84 City: **SUNRISE** FL 85 Zip Code: **33323**

11. Pursuant to the provisions of Sections 607.094(2) and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	PSD MORALES, MICHAEL	5011 SW 180TH LN FT LAUDERDALE FL		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY-ST-ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY-ST-ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY-ST-ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY-ST-ZIP	
		1393 N.W. 126 WAY	SUNRISE, FL 33323																	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 trust or am 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: *Michael Morales* **MICHAEL MORALES** 3/29/96 205 430 8980

CR2E034 (12/95)