

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S55624** (8)
1. Corporation Name
MONARCH INTERNATIONAL MOVERS, INC.

Principal Place of Business 8454 NW 70TH ST MIAMI FL 33166 US	Mailing Address 8454 NW 70TH ST MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9400-9410 N.W. 100 ST Suite, Apt. #, etc. 22 City & State 23 MEDLEY, FLORIDA Zip 24 33178		2a. Mailing Address 26 9400-9410 N.W. 100 ST Suite, Apt. #, etc. 27 City & State 28 MEDLEY, FLORIDA Zip 29 33178		3. Date Incorporated or Qualified 05/29/1991	
25 DADE		30 DADE		4. FEI Number 65-0265823	
3. Name and Address of Current Registered Agent PLANOL, RAMON RICARDO SIERRA 8344 NW 68 AVE MIAMI FL 33166		81 Name		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		83		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		84 City		10. Name and Address of New Registered Agent	
		85 Zip Code			

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 registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, RAMON RICARDO	1.2 NAME	
STREET ADDRESS	7715 SW 129TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, MARIA I	2.2 NAME	
STREET ADDRESS	7715 SW 129TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINON, MITSOUKO M	3.2 NAME	
STREET ADDRESS	100000 SW 92ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINON, ELIANA M	4.2 NAME	
STREET ADDRESS	10000 S W 92ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 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.

SIGNATURE:

Eliana Pinon

4/30/98 (305) 863 6360

CR2E034 (10/97)