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✓PROFIT
 ✓ CORPORATION
 ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S91756

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90001 008 ***150.00

MOOSA	OF MIAMI, INC.	, - 4 -			-	1 188(188) a 118 (818) 118 (1	(888) Allik Alli Albi	a (ÁI) AIGU AIRI	1 8181: 818 11 (80 1
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Principal Place	e of Business	Mailing Address					1 960)	81911 11911 8191	410 0 0 10
16105 N.E. 18TH AVE. 16105 N.E. 18TH AVE.									
N. MIAMI BEACH FL 33162-4749 N. MIAMI BEACH FL 33162-41				1749		DO NO	· FWRITE IN THI	S SPACE	
						3. Date Incorporated or Qu	alifed		· -]
						11/04/1991	` .		
	lace of Business	2a. Mailing Address	s			4. FEI Number		h 	pplied For
21	<u> </u>	26	-			65-0334951			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, el	tc.			5. Certifcate of Status Desi	red 🗌		Additional Required
City & Stat		City & State				6. Election Campaign Final	ncina		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes th	e current year l	ntangible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	rent Registered Agent		04	Alama.	10. Name and Address of	New Registere	d Agent	
DO!	IES, VICTOR K.	· ·		81	Name				
	05 N.E. 18TH AVE.			82	Street Addre	ess (P.O. Box Number is Not A	cceptable)		
1	MAMI BEACH FL 33162		_ w ·	83	- •				
	· · · · · · · · · · · · · · · · · · ·							11	
				84	City		F	L 85 Zip	Code
									s registered
11. Pursuant	to the provisions of Sections 607.0)502 and 607.1508, Florida	Statutes, the	above-	named corpo	oration submits this statement f	or the purpose of	-i-AA	a rigidical du
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	0502 and 607.1508, Florida ate of Florida. Such change ligations of, Section 607.05	Statutes, the was authorize 05, Florida Sta	above- ed by thatutes.	-named corpo he corporation	oration submits this statement f in's board of directors. I hereby	accept the app	ointment as r	egistered
11. Pursuant office or r agent. I a	im familiar with, and accept the obt	igations of, Section 607.05	U5, Florida Sta	atutes.				ointment as r	egistered
agent. I a SIGNATURE	m familiar with, and accept the obtaining state of the obtaining state of the state of the obtaining state of the	agent and title if applicable.	U5, FIORGA STA	ed Agent	named corpo he corporation	when reinstating)	DATE		·
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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 suppliemental 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 of 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 chan attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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