

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V53520

(5)

1. Corporation Name

MOSSWOOD, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 630017~~
~~MIAMI FL 33160~~

P.O. BOX 630017
MIAMI FL 33163

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1992

3a. Date of Last Report

02/25/1994

4. FEI Number

65-0357030

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 3979 NE 163 STREET

26

Suite, Apt. #, etc.

22

27

City & State

23 NO. MIAMI BEACH, FL

28

City & State

Zip

Country

Zip

Country

24 33160

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PREMIER ASSET MANAGEMENT~~
~~3043 NE 163 ST~~
~~N MIAMI BCH FL 33160~~

81 Name

PREMIER ASSET MANAGEMENT, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

3115 NE 163 STREET

83

84 City

NO. MIAMI BEACH

FL

85 Zip Code

33160

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

JACK AZOUT, PRES.

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reconstituting)

3/15/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
1	AZOUT, JACK	3802 NE 207 ST. #1502	NORTH MIAMI BEACH FL
2	AZOUT, GILDA	3802 NE 207 ST. #1502	N. MIAMI BEACH FL
3			
4			
5			
6			
7			
8			
9			
10			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
P/D	AZOUT, JACK	3802 NE 207 STREET #1502	NO. MIAMI BEACH, FL 33180
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
S/D	AZOUT, GILDA	3802 NE 207 STREET #1502	NO. MIAMI BEACH, FL 33180
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 110.07(3)(k), 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:

JACK AZOUT, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95 (305) 935-5175
DATE Daytime Phone #