

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

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90075 026 ***150.00



PROFIT CORPORATION ANNUAL REPORT 2000

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

DOCUMENT # **F58882** (4)
 1. Corporation Name
3 M & D, INC.

Principal Place of Business
FELIX VENTURA
1190 NW 185TH AVE.
PEMBROKE PINES FL 33029
US

Mailing Address
FELIX VENTURA
1190 NW 185TH AVE.
PEMBROKE PINES FL 33029
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1981

21	2. Principal Place of Business 11041 N.W. 21 ST.	2a. Mailing Address 11041 N.W. 21 ST	26	4. FEI Number 59-2147538	Applied For Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State Pembroke Pines, Fl.	City & State Pembroke Pines, Fl.	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip 33026	Country	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent VENTURA, ZOILA 1190 N.W. 185TH AVE. PEMBROKE PINES FL 33029			10. Name and Address of New Registered Agent		
81	Name	Felix Ventura			
82	Street Address (P.O. Box Number is Not Acceptable)	11041 N.W. 21 ST.			
83					
84	City	Pembroke Pines	85	Zip Code	FL 33026

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]* DATE: **2/23/00**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Treasurer and Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VENTURA, ZOILA	1.2 NAME	Felix Ventura
STREET ADDRESS	1190 NW 185TH AVE.	1.3 STREET ADDRESS	11041 N.W. 21 ST.
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Pembroke Pines, Fl. 33026
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Pres. Sec. & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	zoila Ventura
STREET ADDRESS		2.3 STREET ADDRESS	11041 N.W. 21 ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pembroke Pines, Fl. 33026
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *[Signature]* DATE: **1/5/00** TIME: **X (305) 633-0506**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0141917

CR2E034 (10/97)