

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:39

DOCUMENT # P93000054816 (2)

1. Corporation Name

2MM CORPORATION

Principal Place of Business

104 SW 13TH ST
MIAMI FL 33130

Mailing Address

104 SW 13TH ST
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1993 3a. Date of Last Report 05/01/1994

4. FEI Number 65-0586431 APPLIED FOR Applied For Not Applicable

5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$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 21. 2150 NW 93 Ave.

Suite, Apt. #, etc.

2a. Mailing Address 26. 2150 NW 93 Ave.

Suite, Apt. #, etc.

22. City & State MIAMI, FLORIDA

27. City & State MIAMI, FLORIDA

23. Zip 33172 24. Dade

28. Zip 33172 29. Dade

9. Name and Address of Current Registered Agent

FREEMAN, PAUL H
9100 S OADELAND BLVD
SUITE 1408
MIAMI FL 33156

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 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 and the # application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NOGUEIRA, EDUARDO
STREET ADDRESS	10135 SW 132 CT
CITY ST ZIP	MIAMI FL
TITLE	DS
NAME	TERAN, RENE
STREET ADDRESS	104 SW 13TH ST
CITY ST ZIP	MIAMI FL 33130
TITLE	DV
NAME	TERAN, MARCELA
STREET ADDRESS	104 SW 13TH ST
CITY ST ZIP	MIAMI FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	X Change Addition
2.2 NAME	
2.3 STREET ADDRESS	400 ISLAND DRIVE
2.4 CITY ST ZIP	KEY BISCAYNE, FL 33149
3.1 TITLE	X Change Addition
3.2 NAME	
3.3 STREET ADDRESS	400 ISLAND DRIVE
3.4 CITY ST ZIP	KEY BISCAYNE, FL 33149
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	Change Addition
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)(b), 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:

RENE TERAN DS 5/8/95 (305) 592-0111