

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000054816 (2)**

1. Corporation Name

2MM CORPORATION



Principal Place of Business

**2150 NW 93RD AVE
MIAMI FL 33172
US**

Mailing Address

**2150 NW 93RD AVE
MIAMI FL 33172
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**FREEMAN, PAUL H
9100 S DADELAND BLVD
SUITE 1406
MIAMI FL 33156**

3. Date Incorporated or Qualified

08/04/1993

3a. Date of Last Report

07/17/1995

4. FEI Number

65-0586431

Applied For
Not Applicable

5. Certificate of Status Desired

**\$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

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 607.0602 and 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report

Signature of the person authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	DP	☐ DELETE
NAME	NOGUEIRA, EDUARDO	
STREET ADDRESS	10135 SW 132 CT	
CITY-STATE-ZIP	MIAMI FL	
1. TITLE	DS	☐ DELETE
NAME	TERAN, RENE	
STREET ADDRESS	400 ISLAND DR	
CITY-STATE-ZIP	KEY BISCAYNE FL 33149	
1. TITLE	DV	☐ DELETE
NAME	TERAN, MARCELA	
STREET ADDRESS	400 ISLAND DR	
CITY-STATE-ZIP	KEY BISCAYNE FL 33149	
1. TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
1. TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 119.07(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 of changed, or on an attachment with an address.

SIGNATURE:

EDUARDO NOGUEIRA
EDUARDO NOGUEIRA, DP

FEB 6/96 305-5920111

CR2E034 (12/95)