

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000079517 (6)**

1. Corporation Name  
**TMM INTERNATIONAL, INC.**



Principal Place of Business: **3201 N.W. SOUTH RIVER DR. MIAMI FL 33142**  
Mailing Address: **3201 N.W. SOUTH RIVER DR. MIAMI FL 33142**

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>10/28/1994</b>		<b>04/25/1995</b>
4.	FET Number		Applied For
	<b>65-0531155</b>		Not Applicable
5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**SAIEH, JEAN CLAUDE SR.  
3201 NW SOUTH RIVER DRIVE  
MIAMI FL 33142**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

11.1	NAME	PSD SAIEH, JEAN CLAUDE SR. 3201 NW SOUTH RIVER DRIVE MIAMI FL 33142	<input type="checkbox"/> DELETE
11.2	NAME		<input type="checkbox"/> DELETE
11.3	NAME		<input type="checkbox"/> DELETE
11.4	NAME		<input type="checkbox"/> DELETE
11.5	NAME		<input type="checkbox"/> DELETE
11.6	NAME		<input type="checkbox"/> DELETE
11.7	NAME		<input type="checkbox"/> DELETE
11.8	NAME		<input type="checkbox"/> DELETE
11.9	NAME		<input type="checkbox"/> DELETE
11.10	NAME		<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.1	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in 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. 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 registered, or on an attachment with an address.

**SIGNATURE:** *Jean Claude Saieh Sr.* **JEAN CLAUDE SAIEH SR.** 1/25/96 (305) 633-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)