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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90056 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082774

1. Corporation Name
MCC INTERNATIONAL, INC.

Principal Place of Business 8448 N.W. 57TH STREET TAMARAC FL 33351 US	Mailing Address 8448 N.W. 57TH STREET TAMARAC FL 33351 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7890 PETERS ROAD Suite, Apt. #, etc. 22 G-109 City & State 23 PLANTATION, FL Zip Country 24 33324-4028 25 USA	2a. Mailing Address 26 7890 PETERS ROAD Suite, Apt. #, etc. 27 G-109 City & State 28 PLANTATION, FL. Zip Country 29 33324-4028 30 USA
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3. Date Incorporated or Qualified 09/22/1997	4. FEI Number 65-0783703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

OCAMPO, RAUL
8448 N.W. 57TH STREET
TAMARAC FL 33351

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

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	OCAMPO, RAUL
STREET ADDRESS	12381 NW 14TH STREET
CITY-ST-ZIP	PLANTATION FL 33323
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAUL OCAMPO
1.3 STREET ADDRESS	12381 NW 14TH ST
1.4 CITY-ST-ZIP	PLANTATION, FL. 33323
2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEPHEN SHAPIRO
2.3 STREET ADDRESS	3960 ISLAND BOULEVARD
2.4 CITY-ST-ZIP	WILLIAMS ISLAND, FL. 33160
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **2/25/99** DAYTIME PHONE #: **(904) 423-4011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2902A (11/98)