

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90034 044 ***150.00

DOCUMENT # P98000078706

1. Corporation Name

M & M SHUTTLE SERVICES CORP.



Principal Place of Business

61-35 SW 129 PL. UNIT 1905
MIAMI FL 33183

Mailing Address

61-35 SW 129 PL. UNIT 1905
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1998

4. FEI Number

65-0879042

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ESCOBAR, MAURICIO
61-35 SW 129 PL. UNIT 1905
MIAMI FL 33183

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR & PRESIDENT

☐ Change

☒ Addition

1.2 NAME

MAURICIO ESCOBAR

1.3 STREET ADDRESS

6135 SW 129 PLACE UNIT 1905

1.4 CITY-ST-ZIP

MIAMI, FL 33183

2.1 TITLE

DIRECTOR & VICE-PRESIDENT

☐ Change

☒ Addition

2.2 NAME

ANA M. TRUJILLO

2.3 STREET ADDRESS

6135 SW 129 PLACE UNIT 1905

2.4 CITY-ST-ZIP

MIAMI, FL 33183

3.1 TITLE

DIRECTOR & SECRETARY

☐ Change

☒ Addition

3.2 NAME

ELVIRA REINA

3.3 STREET ADDRESS

6135 SW 129 PL. ST UNIT 1905

3.4 CITY-ST-ZIP

MIAMI, FL 33183

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 (305) 388-3171
Date Daytime Phone #

CR2E034 (1/98)