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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

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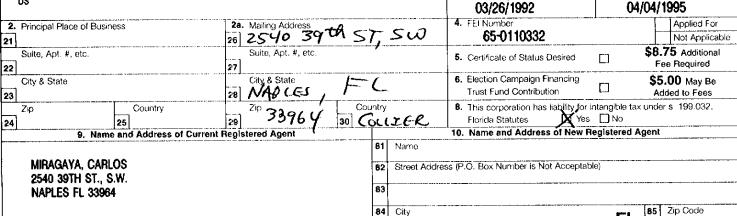
1. Corporation Name

C.M.M.M. ENTERPRISES, INC.

Mailing Address Principal Place of Business

C& M HOME VIDEO 1845 CR-951 UNIT G NAPLES FL 33999

1845 CR-951. UNIT G. NAPLES FL 33999



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, typed or printed name of registered agent and bits Linguistable (NO 12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1. 1 TITLE	Change Addition	
NAME	MIRAGAYA, CARLOS		1.2 NAME		
STREET ADDRESS	2540 39TH ST., S.W.		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	NAPLES FL 33964		1.4 City-St-ZiP		
TITLE		DELETE	2. 1 TITLE	Change Additio	
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE	Change Additio	
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELFTE	4. 1 TITLE	Change Additio	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
THLE		DELETE	5 1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-ZiP		
TIFLE		DELETE	6. 1 TITLE	Change C Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CiTY-ST-7IP			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 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 if changed, or on an attachment with an address

LINGUISC VCARIOS MIRAGAYA V4/29/96
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

741-455-1323

3. Date Incorporated or Qualified

3a. Date of Last Report