

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Suzy B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 180851 (8)

1. Corporation Name
M & M TRADING COMPANY, INC.

Principal Place of Business	Mailing Address
C/O PAUL SAGE ONE OLD COUNTRY RD. CARLE PLACE NY 11514	C/O PAUL SAGE ONE OLD COUNTRY RD. CARLE PLACE NY 11514

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1954	3a. Date of Last Report 05/01/1994
4. FEI Number 59-6076261	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 Ch. 195.002, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GRADY, JOAN M
~~8101 BISCAYNE BLVD.~~ *1/0 PARRY REAL ESTATE*
~~SUITE 200~~ *9628 NE 2ND AVE #2A*
MIAMI FL 33138
SHORES

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 the corporation) (Date typed or printed name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1.1 TITLE	☐ Change ☐ Addition
2. NAME	EMIRZIAN, NELLY	1.2 NAME	
3. STREET ADDRESS	55 CHAMP DUVERT CHASSER	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	1180 BRUXELLES BELGIU	1.4 CITY, ST, ZIP	
5. TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
6. NAME	SAGE, PAUL	2.2 NAME	
7. STREET ADDRESS	ONE OLD COUNTRY RD.	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	CARLE PLACE NY	2.4 CITY, ST, ZIP	
9. TITLE	D	3.1 TITLE	☐ Change ☐ Addition
10. NAME	GRADY, JOAN	3.2 NAME	
11. STREET ADDRESS	8101 BISCAYNE BLVD. #200 <i>1/0 PARRY REAL ESTATE</i>	3.3 STREET ADDRESS	
12. CITY, ST, ZIP	MIAMI FL <i>9628 NE 2ND AVE</i>	3.4 CITY, ST, ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		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)(a), 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.

SIGNATURE: *Paul Sage* **4-26-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Therein