FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 10/01/1954
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 C/o Parry Real Estate
Suite, Apt. #, etc.
22 9628 NE 2 Ave Ste A
City & State
23 Miami Shores Fl
Zip 24 33138 Country 25 USA

2a. Mailing Address
26 C/o Parry Real Estate
Suite, Apt. #, etc.
27 9628 NE 2 Ave Ste A
City & State
28 Miami Shores Fl
Zip 29 33138 Country 30 USA

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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRADY, JOAN M
C/O PARRY REAL ESTATE
9628 NE 2ND AVENUE
MIAMI SHORES FL 33138

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EMIRZIAN,NELLY		1.2 NAME		
STREET ADDRESS	55 CHAMP DUVERT CHASSER		1.3 STREET ADDRESS		
CITY-ST-ZIP	1180 BRUXELLES BELGIU		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAGE, PAUL		2.2 NAME		
STREET ADDRESS	ONE OLD COUNTRY RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CARLE PLACE NY		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	President / Director	☒ Change ☐ Addition
NAME	GRADY, JOAN		3.2 NAME	Grady, Joan	
STREET ADDRESS	9628 NE 2ND AVENUE		3.3 STREET ADDRESS	9628 NE 2nd Ave Ste A	
CITY-ST-ZIP	MIAMI SHORES FL		3.4 CITY-ST-ZIP	Miami Shores, Fl 33138	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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.

SIGNATURE: X Joan M Grady 3/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #