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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1954
3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-6076261 ☐ Applied For ☐ Not Applicable
Suite, Apt. # etc. (22) (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
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
~~8101 BISCAYNE BLVD.~~ c/o 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: 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's signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	EMIRZIAN,NELLY	12 NAME	
STREET ADDRESS	55 CHAMP DUVERT CHASSER	13 STREET ADDRESS	
CITY ST ZIP	1180 BRUXELLES BELGIU	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SAGE, PAUL	22 NAME	
STREET ADDRESS	ONE OLD COUNTRY RD.	23 STREET ADDRESS	
CITY ST ZIP	CARLE PLACE NY	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GRADY, JOAN	32 NAME	
STREET ADDRESS	~~8101 BISCAYNE BLVD, #200~~ c/o PARRY REAL ESTATE	33 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~ 9628 NE 2ND AVE MIAMI SHORES FL 33138	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Paul Sage 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0396636 FP