## 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

## DOCUMENT # G37682

1. Corporation Name

M & M ACCOUNTING - FINANCE SERVICES CORP.

								<b>4                                    </b>
Principal Place of Business Mailing Address							9.0 9.0 2.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
% GONZALEZ, RAUL. R. 9030 S.W. 31 TERRACE		9030 S.W. 31ST TERR	% GONZALEZ, RAUL. H. 9030 S.W. 31ST TERRACE			DO NOT WRITE IN THE	S SPACE	
MIAMI FL 33169	3	US	MIAMI FL 33165			Date Incorporated or Qualifed		
00		00				05/06/1983		
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		<u> </u>	26			59-2619177	No	ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				\$8.75	Additional
22		<u> </u>	27			5. Certificate of Status Desired	Fee Re	equired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	Мау Ве
23		28	28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zıp	Zip Country			This corporation owes the current year Intangible		
24	25 29 30		30			Personal Property Tax.	Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New Registered	l Agent	
				81	Name			
GONZALEZ RAUL A				82 Street Address (P.O. Box Number is Not Acceptable)				
	S.W. 31ST TERRACE							
MIA	WI FL 33165			83				
				84	City		85 Zip (	Code
					,	FI	_ , ,	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change w	as authorized	t vd t	the corporation	oration submits this statement for the purpose on on's board of directors. I hereby accept the appo	f changing its sintment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered a	arrent and tille if annie aber	NOTE Registered	Anent	sionature require	d when reinstating) DATE		<del></del>
12.		AND DIRECTORS	13.	gon	ing control (	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PRS IN 12
TITLE	PTDV	DELET	E 11 TI	TLE			Change	Addition
NAME	RAUL A. GONZALEZ		12 N	¥ME				
STREET ADDRESS	9030 SW 31ST TERRACE		1387	REET	ADDRESS			
CITY-ST-ZIP	4414441 F1		14 CITY-ST-ZIP		- ZIP			
TITLE	S DELETE 211					Change	Addition	
NAME	RAUL A. GONZALEZ		22 N	ME.				
STREET ADDRESS	9030 SW 31ST TERRACE		235	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		2 4 0	ITY-SI	T- ZIP			
TITLE		☐ DELET	Е 31 ТІ	TLE	D	VP Vs	Change	Addition
NAME			32 N/	4ME	D	eria B. Gonzalez	ı	
STREET ADDRESS			33 S	FREET	ADDRESS 4	e Ria B. GONZALEZ 030 SU 81 TAR		
CITY-ST-ZIP			34 C	ITY-ST		11ACL PR 33168		
TITLE		☐ DELET	E 4:11	TLE			Change	☐ Addition
NAME			4 2 N	AME				
STREET ADDRESS			43S	rreet	ADDRESS			
CITY-ST-ZIP			4 4 CI	ITY-ST	:-ZIP			
TITLE		☐ DELET					☐ Change	Addition
NAME			52 N/	<b>AME</b>	1			·
STREET ADDRESS			5387	REET	ADDRESS			
CITY-ST-ZIP			54 CI	TY-ST	- ZIP			
TITLE		☐ D£LET	E 6171	ÎLE			Change	Addition
NAME			62 N	AME				
STREET ADDRESS			63S	REET	ADDRESS			

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 60?, 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:

CITY-ST-ZIP

I G. Yourale PResent A. GON ZABEZ

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90111 017 \*\*\*150.00