FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name H95479

(2)

MMS, INC.

FILED Jan 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address															
86	20 SW 179	TH ST		8620 \$	8620 SW 179TH ST										
MIAMI FL 33157				MAM	MIAMI FL 33157					DO NOT WRITE IN THIS SPACE					
									-	3. Date Incorporated or Qualified					
											22/1986	- Godinou			
2.	Principal F	lace of Busin	iess	2a. Mailing Address						4. FEI N					Applied For
21				26						59	-2770849				Not Applicable
_	Suite, Apt #, etc.			Suite, Apt. #, etc.					ĺ	5. Certif	icate of Status	Desired		,	Additional
22	City & State			City & State											Required
23	Ully or Stat	y & State		28							ion Campaign F Fund Contribut	-			O May Be d to Fees
	Zip	Country		Zip			Country								
24	25		29	29 30					8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No						
9, Name and Address of Current Registered Agent										10. Name	e and Address	of New R	egistered	Agent	
		eobald, a					81	Name	,						
8620 SW 179 STREET							82	Street	Address	(P.O. Bo	x Number is N	ot Accepta	able)		
1							83								
MIAMI FL 33157															
							64	City	·				FI	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida, Such change was authorize								e-named	d corpora	ation subr	mits this statem	ent for the	DULGOSO	of changing	its registered
	agent. I a	ım f am iliar wi	th, and accept the o	bligations of, Sec	itutes	i	рогилоп	5 Dogra	31 GII GO(010: 1 - 1	orosy acce	ург те ар	pointinent a	3 registered		
SIG	NATURE	Phone house	or printed name of registere	artition and a second		OIL Register					<u> </u>				
12.		Signature, typeo		AND DIRECTOR	 	13.		nt signaturi	n required v		IONS/CHANGE	S TO OFFI	DATE ICEBS AN	ID DIRECTO	DRS IN 12
TITLE		T			DELETE	1.1 1			P		0110,017,0102	0.10.0111	OLINO I W	Change	
NAME TH		THEOB/	LD, WILLIAM F			1.21	IAME		THEO	BALD	, ANDREÉ	\mathcal{B}		_ •	
			W. 179TH ST.				1.3 STREET ADDRESS 8		862	s sw	179 ST				
CITY-	IY-ST-ZIP MIAMI F		L 33157			1.4 (CITY-S	T - ZIP			L 3315	7			
TITLE					DELETE	2.1 1	ITLE						•	Change	☐ Addition
NAME						221	IAME								
STREET ADDRESS						235	STREET	ADDRESS							
City-St-ZiP				·•		2 4	CITY-S	it - ZiP							
TITLE					☐ DELETE	311	ITLE							☐ Change	Addition
NAME						3.2 N	IAME								
STREE	ET ADDRESS					3.3 5	TREET.	ADDRESS							
	ST-ZIP				D BELEVE		CITY - S	1-ZIP							
TITLE					L DELETE	4.1 1								☐ Change	
NAME	ľ						MAME								
	ET ADDRESS							ADDRESS	•						
TITLE	ST-ZIP				DELËTE		HTY- \$1	I - ZIP	<u> </u>					Chanas	Addition
NAME					LT VILLIE	5.11								☐ Change	☐ vacamay
	T ADDRESS					5.2 N		AUDDEGG							
	ST-ZIP						HEET I	ADDRESS 7 7161							
TITLE					DELETE	6.1 1		- <i>E</i> IF	<u> </u>					Change	Addition
NAME		ř.				6.2 N								onunge	recontroll
	T ADDRESS							ADDRESS			•				
	ST-ZIP	٠					11Y - ST								
- : : :						5.70			4. —						

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 eath; 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.

all and I Theolog !