SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -3 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **K40635** **(0)**

1. Corporation Name
MMCC ENTERPRISES, INC.

Principal Place of Business
782 N.W. 42ND AVE
STE 441
MIAMI FL 33126

Mailing Address
782 N.W. 42ND AVE
STE 441
MIAMI FL 33126

3. Date Incorporated or Qualified: 10/24/1988
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 782 N.W. 42 Avenue
Suite, Apt #, etc
22 Suite 200
City & State
23 Miami, Fl 33126
Zip 24 33126 County 25 Dade

2a. Mailing Address
26 782 N.W. 42 Avenue
Suite, Apt #, etc
27 Suite 200
City & State
28 Miami, Fl 33126
Zip 29 33126 County 30 Dade

4. FEI Number: 65-0078463 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Enter Number of Pages ☐ — $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
RICHARDS, SIMPSON LITA
782 N.W. 42ND AVE.
~~STE 441~~ Suite 200
MIAMI FL 33126

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0202 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICHARDS, LITA SIMPSON
STREET ADDRESS	782 N.W. 42ND AVE. Suite 200
CITY, ST, ZIP	MIAMI FL

13. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is accurate and that I am familiar with the provisions of Section 119.07(5)(b), Florida Statutes. I further certify that the information contained in 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: Adelita Simpson Richards — 6/28/95 (Date) — (305) 447-8800 (Daytime Phone)
SIGNATURE AND TYPED OR PRINTED NAME OF MGR OR OFFICER OR DIRECTOR
ADELITA SIMPSON RICHARDS

CR2E034 (3/95)

0038178 CP