

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

FILED  
Jun 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M22500 (6)  
1. Corporation Name  
M M R S INVESTMENTS CORP.

Principal Place of Business  
5450 GRIFFIN RD.  
SUITE B-1  
DAVIE FL 33314

Mailing Address  
5450 GRIFFIN RD.  
SUITE B-1  
DAVIE FL 33314-4535



|                                |  |                        |  |  |  |                                       |  |
|--------------------------------|--|------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>10/25/1985                                    |  | 3a. Date of Last Report<br>04/18/1996 |  |
| 21 5450 GRIFFIN RD (OK)        |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br>59-2641798  |  | Applied For<br>Not Applicable         |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional Fee Required        |  |
| 23 Zip                         |  | 28 Country             |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees           |  |
| 24                             |  | 25                     |  | 29   |  | 30                                    |  |
| 24                             |  | 25                     |  | 29   |  | 30                                    |  |

9. Name and Address of Current Registered Agent

AGUIRRE, GUSTAVO X  
10520 SW 50TH ST.  
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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]*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |
|----------------------------|----------------------------|---|-----------------------------|
| TITLE                      | PT                         | 1.1 TITLE   | PT                          |
| NAME                       | ROMOLEROUX, MARIA DEL PILA | 1.2 NAME  | ROMOLEROUX, MARIA DEL PILAR |
| STREET ADDRESS             | 10520 SW 50TH ST.          | 1.3 STREET ADDRESS                                    | 10520 SW 50TH ST            |
| CITY-ST-ZIP                | COOPER CITY FL 33328       | 1.4 CITY-ST-ZIP                                       | COOPER CITY FL 33328        |
| TITLE                      | VS                         | 2.1 TITLE   |                             |
| NAME                       | AGUIRRE, ROSSANA M         | 2.2 NAME  |                             |
| STREET ADDRESS             | 10520 SW 50TH ST.          | 2.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                | COOPER CITY FL             | 2.4 CITY-ST-ZIP                                       |                             |
| TITLE                      | V                          | 3.1 TITLE   |                             |
| NAME                       | AGUIRRE, SANDRA M          | 3.2 NAME  |                             |
| STREET ADDRESS             | 10520 SW 50TH ST.          | 3.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                | COOPER CITY FL             | 3.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                            | 4.1 TITLE   |                             |
| NAME                       |                            | 4.2 NAME  |                             |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                            | 4.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                            | 5.1 TITLE   |                             |
| NAME                       |                            | 5.2 NAME  |                             |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                            | 5.4 CITY-ST-ZIP                                       |                             |
| TITLE                      |                            | 6.1 TITLE   |                             |
| NAME                       |                            | 6.2 NAME  |                             |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                            | 6.4 CITY-ST-ZIP                                       |                             |

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E034 (9/96)