FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M29575** (1)

1. Corporation Name

MODERN MANAGEMENT TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
C/O DOREEN KAPLAN 6851 YUMURI STREET, STE 2 CORAL GABLES FL 33146	C/O DOREEN KAPLAN 6851 YUMURI STREET, STE 2 CORAL GABLES FL 33146

2. Principal Place of Business [21] Suite, Apt #, etc [22] City & State [23] Zip [24] Country [25]

2a. Mailing Address [26] Suite, Apt #, etc [27] City & State [28] Zip [29] Country [30]

3. Date Incorporated or Qualified: 03/27/1986
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-2666519 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAPLAN, DOREEN
7840 CAMINO REAL
P402
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: LOUIS DAKEN
82 Street Address (P.O. Box Number is Not Acceptable): 6851 YUMURI ST #2
83
84 City: CORAL GABLES FL 85 Zip Code: 33146

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] LOUIS DAKEN 1/25/96
DATE

12.	OFFICERS AND DIRECTORS	
TITLE	CTD	☐ DELETE
NAME	KAPLAN, DOREEN	
STREET ADDRESS	7840 CAMINO REAL P402	
CITY-ST-ZIP	MIAMI FL	
TITLE	PSD	☐ DELETE
NAME	KAPLAN, STEVEN	
STREET ADDRESS	7840 CAMINO REAL, P303	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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] DOREEN KAPLAN 1/25/96 3055951923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)