

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$325 (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 18 AM 9:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # M46842 (4)**

1. Corporation Name  
**C. M. M. INDUSTRIES, INC.**

Principal Place of Business Mailing Address  
**7780 W. 2ND COURT 7780 W. 2ND COURT**  
**HALEAH FL 33014 HALEAH FL 33014**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/19/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2789881** 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

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**MENENDEZ, CARMEN**  
**1525 PALANCIA AVE.**  
**CORAL GABLES FL 33146**

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

12. OFFICERS AND DIRECTORS  
 TITLE **DP**  
 NAME **MENENDEZ, CARMEN**  
 STREET ADDRESS **1525 PALANCIA AVE.**  
 CITY-ST-ZIP **CORAL GABLES FL**  
 TITLE **D**  
 NAME **MATTHEWS, EDWARD**  
 STREET ADDRESS **3621 S.W. 58 CT.**  
 CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE  Change  Addition  
 2.2 NAME **MENENDEZ, MARIELE.**  
 2.3 STREET ADDRESS **7780 W 2nd Ct.**  
 2.4 CITY-ST-ZIP **HALEAH FL 33014**  
 3.1 TITLE  Change  Addition  
 3.2 NAME **MENENDEZ, MARIAC.**  
 3.3 STREET ADDRESS **7780 W 2nd Ct**  
 3.4 CITY-ST-ZIP **HALEAH FL 33014**  
 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: Mariac Menendez (MARIAC.MENENDEZ) 7/10/95 (305) 362-10099  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year

CR2E034 (3/95)