

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

**FILED**

**Mar 27 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M46842 (4)**

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



Principal Place of Business <del>7780 W. 2ND COURT HIALEAH FL 33014</del>	Mailing Address <del>7780 W. 2ND COURT HIALEAH FL 33014-4308</del>
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2. Principal Place of Business 21 <b>4760 NW 128th Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4760 NW 128th Street</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>02/19/1987</b>	3a. Date of Last Report <b>07/19/1996</b>
22 City & State 23 <b>Opalocka, Florida</b>	27 City & State 28 <b>Opalocka, Florida</b>	4. FEI Number <b>59-2789881</b>	Applied For Not Applicable
24 <b>33054-5132</b> 25 <b>Dade</b>	29 <b>33054-5132</b> 30 <b>Dade</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent <b>MENENDEZ, CARMEN 1525 PALANCIA AVE. CORAL GABLES FL 33148</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
New Address:		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENENDEZ, CARMEN</b>	1.2 NAME	<b>MENENDEZ, CARMEN</b>
STREET ADDRESS	<del>7780 W 2ND CT</del>	1.3 STREET ADDRESS	<b>4760 NW 128th Street</b>
CITY- ST- ZIP	<del>HIALEAH FL</del>	1.4 CITY- ST- ZIP	<b>Opalocka, Florida 33054-5132</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENENDEZ, MARIA C</b>	2.2 NAME	<b>MENENDEZ, MARIA C</b>
STREET ADDRESS	<del>7780 W 2 CT</del>	2.3 STREET ADDRESS	<b>4760 NW 128th Street</b>
CITY- ST- ZIP	<del>HIALEAH FL</del>	2.4 CITY- ST- ZIP	<b>Opalocka, Florida 33054-5132</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENENDEZ, MANUEL E</b>	3.2 NAME	<b>MENENDEZ, MANUEL E</b>
STREET ADDRESS	<del>7780 W 2ND CT</del>	3.3 STREET ADDRESS	<b>4760 NW 128th Street</b>
CITY- ST- ZIP	<del>HIALEAH FL</del>	3.4 CITY- ST- ZIP	<b>Opalocka, Florida 33054-5132</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Maria C Menendez* **3/21/97** 305-362-6099  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)