

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

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
~~7780 W. 2ND COURT
HIALEAH FL 33014~~

Mailing Address
~~7780 W. 2ND COURT
HIALEAH FL 33014-4308~~



2. Principal Place of Business 21 4760 NW 128th Street Suite, Apt. #, etc.		2a. Mailing Address 26 4760 NW 128th Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/19/1987	3a. Date of Last Report 07/19/1996
22 City & State 23 Opa Locka, Florida		27 City & State 28 Opa Locka, Florida		4. FEI Number 59-2789881	Applied For Not Applicable
24 33054-5132 25 Dade		29 33054-5132 30 Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Opa Locka, Florida		28 Opa Locka, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33054-5132 25 Dade		29 33054-5132 30 Dade		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MENENDEZ, CARMEN 1525 PALANCIA AVE. CORAL GABLES FL 33148				10. Name and Address of New Registered Agent	
New Address:				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 of type of principal 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 NAME STREET ADDRESS CITY- ST- ZIP	D MENENDEZ, CARMEN 7780 W 2ND CT HIALEAH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	D MENENDEZ, CARMEN 4760 NW 128th Street Opa Locka, Florida 33054-5132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MENENDEZ, MARIA C 7780 W 2ND CT HIALEAH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	S MENENDEZ, MARIA C 4760 NW 128th Street Opa Locka, Florida 33054-5132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MENENDEZ, MANUEL E 7780 W 2ND CT HIALEAH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	V MENENDEZ, MANUEL E 4760 NW 128th Street Opa Locka, Florida 33054-5132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97 305-362-6099
Date Daytime Phone #

0121724

CR2E034 (9/96)