

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 11 00 AM

DOCUMENT # P93000024642 (9)

1. Corporation Name

MMI MANAGEMENT SERVICES, INC.

Principal Place of Business

**5757 N.W. 11TH ST.
SUITE 100
MIAMI FL 33126**

Mailing Address

**5757 N.W. 11TH ST.
SUITE 100
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/30/1993

3a. Date of Last Report
08/08/1994

4. FEI Number
65-0504709

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ROCHETEAU, RALPH ESQ.
5757 N.W. 11TH ST.
SUITE 100
MIAMI FL 33126**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ROCHETEAU, RALPH**
STREET ADDRESS **5757 N.W. 11TH ST., SUITE 100**
CITY, ST, ZIP **MIAMI FL 33126**

TITLE **DP**
NAME **TAMBURRINO, ALBERT A**
STREET ADDRESS **2401 ESTANCIA BLVD., "C"**
CITY, ST, ZIP **CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DELETE**
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DELETE**
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
3.2 NAME **DINO TAMBURRINO**
3.3 STREET ADDRESS **4911 OLD VILLAGE WAY**
3.4 CITY, ST, ZIP **OLDSMAR FL 34677**

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 110.07(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:

Albert Tamburrino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-95

Date

813/726-7623

Daytime Phone #