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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000057155 (2)

M. & M. WEISSMARK, INC.

Principal Place of Business	Mailing Address

## **FILED** Jan 27 1997 8:00am Secretary of State



Principal Place of	i Edaliese	Mailing Address						
7161 S.W. 117 AVENUE MIAMI FL 39183		7161 S.W. 117 AVENUE MIAMI FL 33183-2807						
					3. Date incorporated or Qualified 08/11/1993		e of Last R	eport
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number			plied For
11		26			65-0432364		No	x Applicable
Suite, Apt. #. o	etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired			Additional
22		27						quired
City & State		City & State			6. Election Campaign Financing	<b>L</b> -1	\$5.00	
Zip	Country	<b>28</b> Ζίρ	Cou	entry	Trust Fund Contribution			to Fees
2.15	25	29	30		This corporation has liability for Florida Statutes		ax unovers No	. 199.032,
	9. Name and Address of Curr		[30]		10. Name and Address of New Re			
	DWITV, HARVEY			81 Name		. <del> </del>	<u> </u>	
	S.W. 74 TERRACE			80 0	(D.C. C., M I I May A.	h ( a )		
	FL 33183			82 Street Add	dress (P.O. Box Number is Not Accepta	OIB)		
PART VITE	1 50100			83		<del></del>		
							T-21	
				84 City		FL	<b>85</b> Zip	Code
agent. I am f	istered agent, or both, in the Sta familiar with, and accept the ob-	ligations of, Section 607.0505,	Florida Stat	tutes.				
SIGNATURE	familiar with, and accept the ob-			tutes. d Agent signature requ		DATE		
SIGNATURE Sign	gnal.ee, typed or pertied name of registered	agent and late Lappicable (N				DATE CERS AND	DIRECTOR	IS IN 12
SIGNATURE Signature  12. Title	gratine, typed or pertied name of legistered OFFICERS A	agent and title Tappelcable (N	OTE: Registere	d Agent signature requ	wred when reinstating)	DATE CERS AND		IS IN 12
SIGNATURE Sign  12.  FILE NAME	grature, typed or partied name of legistered OFFICERS A VD WEISSMARK, MIRA	agent and the Tappicable (N NND DIRECTORS DELETE	OTE: Registere	d Agent signature requ	wred when reinstating)	DATE CERS AND	DIRECTOR	IS IN 12
SIGNATURE SIGNATURE 112. 1TILE NAME SIREET ADORESS	OFFICERS A VD WEISSMARK, MIRA 290 174 STREET, APT. 2106	agent and the Tappicable (N NND DIRECTORS DELETE	13. 1.1 TI	d Agent signature requ	wred when reinstating)	DATE CERS AND	DIRECTOR	IS IN 12
SIGNATURE  12.  1*ILE  NAME  SIREET ADDRESS  CITY-S1-2IP	grature, typied or pertied name of registered OFFICERS A VD WEISSMARK, MIRA 290 174 STREET, APT. 2109 MIAMI FL 33160	agent and bite: Lappocable (N NND DIRECTORS DELETE	OTE: Registere 13. 1.1 TI 1.2 N. 1.3 S 1.4 C	d Agent signalure require.  TLE  AME  IREET ADDRESS  ITY-ST-ZIP	wred when reinstating)	DATE CERS AND	DIRECTOR  Change	RS IN 12
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SIGNATURE  12.  FILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS A VD WEISSMARK, MIRA 290 174 STREET, APT. 2104 MIAMI FL 33160 VD WEISSMARK, MIKE	agent and title 1 applicable (N NND DIRECTORS DELETE  DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI	d Apent signature required to the signature required to the signature requirement of the signature requ	wred when reinstating)	DATE CERS AND	DIRECTOR  Change	RS IN 12
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SIGNATURE  12.  17ILE  NAME  SIREET ADDRESS  CITY- ST- ZIP  TITLE  CITY- ST- ZIP  TITLE	OFFICERS A VD WEISSMARK, MIRA 290 174 STREET, APT. 2109 WINDSMARK, MIKE WEISSMARK, MIKE 290 174 STREET, APT. 2109 WEISSMARK, MIKE 290 174TH STREET, APT. 2	agent and title 1 applicable (N NND DIRECTORS DELETE  DELETE	DTE: Registere 13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI	TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  IREET ADDRESS	wred when reinstating)	DATE CERS AND	DIRECTOR  Change	S IN 12 Addition
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SIGNATURE  112.  1111  NAME  SIREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS	OFFICERS A VD WEISSMARK, MIRA 290 174 STREET, APT. 2109 WINDSMARK, MIKE WEISSMARK, MIKE 290 174 STREET, APT. 2109 WEISSMARK, MIKE 290 174TH STREET, APT. 2	agent and ble: Lappicable (N NND DIRECTORS  DELETE  DELETE  DELETE	DTE: Registere  13. 1.1 TI 12 N 1.3 Si 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 Si 4.1 TI 4.2 N 4.3 Si 4.4 Si 4.3	TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  IREET ADDRESS  ITY-ST-ZIP  TLE  IREET ADDRESS  ITY-ST-ZIP  TLE  IREET ADDRESS  ITY-ST-ZIP	wred when reinstating)	DATE CERS AND	DIRECTOF Change Change	Addition  Addition
SIGNATURE  112.  1114  NAME  SIRRET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME	OFFICERS A VD WEISSMARK, MIRA 290 174 STREET, APT. 2109 WINDSMARK, MIKE WEISSMARK, MIKE 290 174 STREET, APT. 2109 WEISSMARK, MIKE 290 174TH STREET, APT. 2	IND DIRECTORS  DELETE  DELETE  DELETE  DELETE	DTE: Registere  13. 1.1 TI 12 N. 1.3 Si 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 Si 4.4 C 4.1 TI 4.2 N. 4.3 S 4.4 C 5.1 TI 5.2 N.	TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  TREET ADDRESS  ITY-ST-ZIP  TLE  TREET ADDRESS  ITY-ST-ZIP  TLE  AME	wred when reinstating)	DATE CERS AND	DIRECTOF  Change  Change	Addition  Addition
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SIGNATURE  12.  11.  11.  11.  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE	OFFICERS A VD WEISSMARK, MIRA 290 174 STREET, APT. 2109 WINDSMARK, MIKE WEISSMARK, MIKE 290 174 STREET, APT. 2109 WEISSMARK, MIKE 290 174TH STREET, APT. 2	IND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE	DTE: Registere 13. 1.1 TI 12 N. 1.3 S' 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N. 4.3 S 4.4 C 5.1 TI 5.2 N. 5.3 S 6.1 T 6.2 N. 6.3 S'	TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AMME  TREET ADDRESS  ITY-ST-ZIP  TLE  AMME  TREET ADDRESS  ITY-ST-ZIP  TLE  AMME  TREET ADDRESS  ITY-ST-ZIP  TLE  TREET ADDRESS	wred when reinstating)	DATE	DIRECTOF Change Change Change Change	Addition  Addition

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 apachment with an address.

SIGNATURE: