

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000081831 (8)

1. Corporation Name

M & M MULTI-MEDIA PRODUCTIONS, CORP.



Principal Place of Business

782 N.W. 42ND AVE.
#534
MIAMI FL 33126

Mailing Address

782 N.W. 42ND AVE.
#534
MIAMI FL 33126-5548

3. Date Incorporated or Qualified
11/30/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 782 N.W. 42nd Avenue

Suite, Apt. #, etc.

22 Suite # 430

City & State

23 MIAMI, FL

Zip

24 33126

Country

25

2a. Mailing Address

26 782 N.W. 42nd Avenue

Suite, Apt. #, etc.

27 Suite # 430

City & State

28 MIAMI, FL

Zip

29 33126

Country

30

4. FEI Number

65-0460782

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

9. Name and Address of Current Registered Agent

MEMBIELA, JOAQUIN R
782 N.W. 42ND AVE.
#534
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
782 N.W. 42nd Avenue

83 Suite # 430

84 City

MIAMI

FL

85 Zip Code

33126

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MARTINEZ, OSVALDO

STREET ADDRESS 782 N.W. 42ND AVE. #534

CITY-ST-ZIP MIAMI FL 33126

TITLE SD ☐ DELETE

NAME MEMBIELA, GABRIEL

STREET ADDRESS 782 N.W. 42ND AVE. #534

CITY-ST-ZIP MIAMI FL 33126

TITLE TD ☐ DELETE

NAME MEMBIELA, JOAQUIN R

STREET ADDRESS 782 N.W. 42ND AVE. #534

CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS 782 N.W. 42ND AVE # 430

14 CITY-ST-ZIP MIAMI, FL 33126

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS 782 N.W. 42ND AVE # 430

24 CITY-ST-ZIP MIAMI, FL 33126

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS 782 N.W. 42ND AVE # 430

34 CITY-ST-ZIP MIAMI, FL 33126

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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: OSVALDO MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Osvaldo Martinez

7/1/97 (305) 446-4006

Date Daytime Phone #

CR2E034 (9/96)