

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000083723 (5)**

1. Corporation Name

**MATTHEW MICHAEL MARKETING, INC.**



Principal Place of Business

Mailing Address

4750 S.W. 82ND STREET  
MIAMI FL 33143

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MIAMI FL 33143

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

12/01/1993

3a. Date of Last Report

02/28/1995

4. FEI Number

65-0453680

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

10. Name and Address of New Registered Agent

FENN, LEONARD P ESQUIRE  
2121 PONCE DE LEON BLVD.  
SUITE 430  
CORAL GABLES FL 33134

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 person who is the president or chief officer

Signature of Registered Agent (signature required if not printed)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	HAWLIK, JOSEPH	
12.3 STREET ADDRESS	4750 S.W 82ND STREET	
12.4 CITY-ST-ZIP	MIAMI FL 33143	
12.5 TITLE		<input type="checkbox"/> DELETE
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY-ST-ZIP		
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-ST-ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-ST-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-ST-ZIP		

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-ST-ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-ST-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-ST-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 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 119.07(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 a separate attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph Hawlik*

1/22/96

(305) 666-1566

CR2E034 (12/95)