

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY -1 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000009708 (6)

1. Corporation Name

M M AND SONS VARIETY UNLIMITED, CORP.

Principal Place of Business

13440 S.W. 5TH STREET
MIAMI FL 33184

Mailing Address

13440 S.W. 5TH STREET
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

4. FEI Number

65-0492638

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 the
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. # etc.

22

City & State

23

City

State

2a. Mailing Address

26

Suite, Apt. # etc.

27

City & State

28

City

Country

24

City

State

29

City

Country

30

9. Name and Address of Current Registered Agent

POSADA, MARIA LUISA
13440 S.W. 5TH STREET
MIAMI FL 33184

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 of person or persons authorized to register agent and the corporation

Signature of Registered Agent (corporation has agent when filing this)

DATE

12. OFFICERS AND DIRECTORS

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
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PD
POSADA, MANUEL
13440 S.W. 5TH STREET
MIAMI FL 33184

SD
POSADA, MARIA LUISA
13440 S.W. 5TH STREET
MIAMI FL 33184

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY ST ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

500001482175

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***600.00 ***200.00

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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)(b), Florida Statutes. Further, I 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, unchanged, or as an attachment with an address.

SIGNATURE:

MANUEL POSADA PRESIDENT

Date

Signature of Agent

4/17/95 13057221-1230