

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

PROFIT CORPORATION ANNUAL REPORT

1996 1997



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

FILED May 07 1997 8:00am Secretary of State

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

3. Date incorporated or Qualified: 02/07/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0492638
6. Certificate of Status Desired: \$8.75 Add Fee Requi
6. Election Campaign Financing: \$5.00 Me
8. This corporation has liability for intangible tax under s. 119.01 Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

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

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, FL, Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person making this filing (see Section 607.0505, Florida Statutes)

Signature of the Registered Agent (see Section 607.0505, Florida Statutes)

DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP, and DELETE checkbox. Contains information for POSADA, MANUEL and POSADA, MARIA LUISA.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP, and DELETE checkbox. Contains information for POSADA, MARIA LUISA and a registration number 000002180060.

Handwritten signature and date: MW 5-7-97

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. 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria L. Posada 5/29/97 (302221-1230) Date: 5/29/97 Daytime Phone: