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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT



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

1996 1997

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'l Fee Requi
7. Election Campaign Financing (Trust Fund) Contribution: \$5.00 Me Added to f
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
21. State, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. City & State:
25. Zip: Country:

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. City:
84. City: FL 85. 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POSADA, MANUEL	
STREET ADDRESS	13440 S.W. 5TH STREET	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	POSADA, MARIA LUISA	
STREET ADDRESS	13440 S.W. 5TH STREET	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 addendum with an address.

SIGNATURE: Manuel Posada SD MARIA L POSADA 5/29/97 (302221-1230)
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR Date Daytime Phone #