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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000013267 (7)

1. Corporation Name

H M & M MANAGEMENT CORP.



Principal Place of Business

Mailing Address

2000 NORTHEAST 199 STREET
NORTH MIAMI BEACH FL 33179

2000 NORTHEAST 199 STREET
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified

02/17/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81

Name

HECTOR ROMERO

82

Street Address (P.O. Box Number is Not Acceptable)

2000 NE 199 ST

83

N. MIAMI BEACH

84

City

N. MIAMI BEACH

FL

85

Zip Code

33179

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

Hector Romero
Signature, typed or printed name of registered agent and (if applicable)

HECTOR ROMERO

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ROMERO, FAUSTO
STREET ADDRESS 2000 NORTHEAST 199 STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE T
NAME DALCY, ROMERO
STREET ADDRESS 2000 NE 199TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE S
NAME ROMERO, HECTOR
STREET ADDRESS 2000 NE 199TH ST
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE V
NAME ROMERO, MARCELO
STREET ADDRESS 2000 NE 199 ST
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 an attachment with an address.

SIGNATURE:

Fausto Romero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

305-932-2918

Daytime Phone #

CR2E034 (12/95)