

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000019232 (5)

1. Corporation Name

MULTIMEDIA MARKETING GROUP, INC.



Principal Place of Business

3409 CYPRESS HEAD COURT
TAMPA FL 33618

Mailing Address

3409 CYPRESS HEAD COURT
TAMPA FL 33618

3. Date Incorporated or Qualified
03/07/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 12962 N DALE HARRY

Suite, Apt. #, etc

22 City & State
23 TAMPA FL

24 Zip 33618 25 Country Hills

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

30

4. FEI Number

59-3231256

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

VAZQUEZ, RAUL
3409 CYPRESS HEAD COURT
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

RAUL VAZQUEZ

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

18205 CRAWLEY RD

83

84

City ODESSA

FL

85

Zip Code

33556

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 typed or printed name of registered agent and filer's application

Signature typed or printed name of registered agent and filer's application

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME VAZQUEZ, RAUL
STREET ADDRESS 3409 CYPRESS HEAD COURT
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE RAUL VAZQUEZ ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 18205 CRAWLEY RD
1.4 CITY-ST-ZIP ODESSA FL 33556 ☐ Change ☐ Addition

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL VAZQUEZ

4/29/96

813-968-6829

CR2E034 (12/95)