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₄PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000023158 (6)

M.M.Q. CORPORATION

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

| Principal Place of Business Mailing Address 4505 N. MIAMI AVE. MIAMI FL 33127 MIAMI FL 33127-2627 | | | | | | | | | |
|---|--|---|--------------------------------|--------------------------|---|--|-----------------|--------------------------|--------------------------|
| | | | | | | 3. Date Incorporated or Qualified 03/25/1994 | 3a. Date o | | port |
| 2. Principal P | lace of Business | 2a. Mailing Add | ress | | | 4. FEI Number | 1 00,10, | | plied For |
| 21 | | 26 | | | | 65-0495153 | | | l Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. # | , etc. | | | 5. Certificate of Status Desired | | 8.75 A Fee Re | |
| City & Staff | 9 | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added to | |
| Zip 24 | Country 25 9. Name and Address of Curre | Zip [29] nt Registered Agent | 30 | Country | | This corporation has liability for florida Statutes Name and Address of New Re | Yes 🔲 N | No | 199.032, |
| OUE | IAN, MOUSA MAHMOUD | | • • | 81 | Name | | D | | |
| 15701 N.W. 2ND AVE. | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| APT. 217 | | | | 02 | Sirect Add | ress (r.o. nox radinger is not Accepted | лс, | | |
| MIAI | VII FL 33169 | | | 83 | | | | | |
| | | | | 84 | City | | FL ⁸ | 35 Zip C | Code |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig Stgnature, typed or professionaries of registers as | e of Horida, Such char pations of, Section 607 | rige was autl 10505, Floric | horized br la Statule | y the corpora s. | poration submits this statement for the lition's board of directors. I hereby acce | numose of ch | anging its lment as r | registered registered |
| 12. | OFFICERS AN | ND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFIC | CERS AND DI | RECTOR | S IN 12 |
| TITLE | PD | D | ELETE | 1.1 1IILE | | | | Change | Addition |
| NAME | QURAN, MOUSA MAHMOUD | | | 1.2 NAME | | | | | |
| STREET ADDRESS | 15701 N.W. 2ND AVE., APT. 2 | 217 | | 1.3 STREE | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33169 | | | 1.4 CITY - \$ | 37-71P | | | عداد سنام | . |
| TITLE | | [_] [] | ELF 1E | 217011 | | | | Change | Addition |
| NAME | | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | | 23 STREE | ADDRESS | • | | | |
| CITY-ST-ZIP | | | | 2 4 CHY- | ST-ZIP | | | Changs | T Kades |
| TITLE | | <u></u> | LECTE | 31100 | | | لــا | Change | L_] Addition |
| NAME | | 4 | | 3 2 NAME | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | REFE | 3.4 CHY- | \$1_ZIP | | | Change | Addition |
| TITLE | | LJ 0 | TUDE | 4.1 TOLE | | | LJ | , опанде | I Addition |
| NAME | | | | 4. 2 NAME | | | | | |

8000020801 -02/06/97--01017--14. I do hereby certify that the information supplied with this bling does not qualify for the exemption stated in Section 119.07(3)(i), 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 onth; 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C(1Y+S1-7)F

4.4 CITY - ST- ZIP

5 1 TALE 5.2 NAME

6.1 THLE

6.2 NAME

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DELETE

Change

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Feb 06 1997 8:00am

Secretary of State