**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P94000026147

M. P. P. INC.

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90090 036 \*\*\*150.00



Principal Place of Business Mailing Address						- 1)0053801 110 10131 61011 06111 80141 00511 06110 110		IBH BIÐU IBBI IEBI
3535 S.W. 113TH PLACE 3535 S.W. 113TH PLACE MIAMI FL 33165 MIAMI FL 33165						DO NOT WRITE IN THIS SI	PACE	
						3. Date Incorporated or Qualifed 04/04/1994		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For
21		26	26			65-0477730		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	Fee	5 Additional Required
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution	-	00 May Be ed to Fees
Zip	Country Zip C		— Cour	Country 8		8. This corporation owes the current year Intangible		
24	25 29 30		30	Personal Property Tax.		□No		
Name and Address of Current Registered Agent				-:-		10. Name and Address of New Registered Ag	jent	
EOD	NOCA DUDEN			81	Name			
3535	NOSA, RUBEN S.W. 113TH PLACE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAN	/II FL 33165			83				·
			Ī	84	City	FL	85 Z	ip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	thorized	by ti	named corpor he corporation	oration submits this statement for the purpose of chin's board of directors. I hereby accept the appointr	anging nent as	its registered s registered
SIGNATURE								
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Regist					signature required			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE			1.1 TIT	LE	ļ	Į	_] Chan	ge 🗌 Addition
NAME	ESPINOSA, RUBEN		1.2 NAME		1			
STREET ADDRESS	3535 S.W. 113TH PLACE		1.3 STREET ADDRE		ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL 33165 14 C		1.4 CIT	Y-ST-	- ZIP			
TITLE		☐ DELETE	2.1 TiT	ĽΕ			Chan	ge 🗌 Addition
NAME			2.2 NAME					
STREET ADDRESS	J		2.3 STI	2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		-ZIP			
TITLE -	DELETE 3.11		3.1 TIT	LE		€ ، ا	] Chan	ge 🗋 Addition
NAME			3.2 NA	ME				ì
STREET ADDRESS			3.3 STI	REET A	ADORESS			}
CITY-ST-ZIP			3.4. СП	TY-ST	-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	4,1 TIT	LE			☐ Chan	ge 🔲 Addition
NAME			4. 2 NA	WE				
STREET ADDRESS			4.3 SΤ	REET	ADORESS			}
CITY-ST-ZIP			4.4 CIT	Y-ST-	-ZIP			
TITLE	•	• DELETE 5.1					Chan	ge 🗌 Addition
NAME			5.2 NA	ME		,		
STREET ADDRESS			5.3 Sπ	REETA	ADDRESS			ľ
CITY-\$T-ZIP	·		5.4 CIT	Y-ST-	-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE			Chan	ge 🔲 Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STF	REET /	ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-ST-	- ZIP			

14. I hereby certify that the information supplied with this filing 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 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 with all other like empowered.

SIGNATURE: