

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 # P94000080880 (5)

1. Corporation Name

MULTI MEDIA INNOVATIONS, INC.



Principal Place of Business

Mailing Address

~~2029 COOLIDGE ST
SUITE 300B
HOLLYWOOD FL 33020
US~~

~~2029 COOLIDGE ST
SUITE 300B
HOLLYWOOD FL 33020
US~~

2. Principal Place of Business

21 3140 S.W. 19th ST.

2a. Mailing Address

25 4906 SHERIDAN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 662

27 HOLLYWOOD, FL

City & State

City & State

23 PEMBROKE PARK, FL

28

Zip

Zip

24 33009

Country

Country

25 USA

29 33021

Country

30 USA

9. Name and Address of Current Registered Agent

MELENDEZ, EDWIN
4906 SHERIDAN ST
HOLLYWOOD FL 33021

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/03/1994

3a. Date of Last Report

07/18/1995

4. FEI Number

65-0554508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MELENDEZ, EDWIN
STREET ADDRESS 4906 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE V
NAME MIYASHIRO, PAUL
STREET ADDRESS 4906 SHERIDAN STR
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE T
NAME MELENDEZ, HAZEL
STREET ADDRESS 4906 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE SOME
NAME LENDEZ, SWANHILD
STREET ADDRESS 4906 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

Hazel Melendez HAZEL MELENDEZ

4/29/96

894-0961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)