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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

SIGNATURE:

P95000003895 (6)

M & M INT'L. SHIPPING INC.

Principal Place of	DR		Mailing Address 16316 MALIBU DR							
FT LAUDERDALE FL 33326			FT LAUDERDALE FL 33326			Date Incorporated or Qualified				
						01/17/1995				
2. Principal Place	e of Business	2a.	, Mailing Address			4. FEI Number	,	<u>'</u>		Applied For
21		26				65-055/78	5	·		Not Applicable
Suite, Apt. #, 0	etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Des	ired		-	Additional Required
City & State		28	City & State			6. Election Campaign Finar Trust Fund Contribution	ncing		•	O May Be d to Fees
Zip	Country		Zıp	Co.	untry	B. This corporation has liab			under s	199.032,
24	25	29		30				□No		
	9. Name and Address of Cu	rrent Regis	stered Agent		81 Name	10. Name and Address of	New H	A Deletaige	gent	
VARGAS, I 16316 MA FT LAUDE					82 Street /	AJNA VARGAS Address (P.O. Box Number is Not A JG 17AL/BV DR	cceptab	FL	85 Zi	ip Code 3326
or registered familiar with,	the provisions of Sections 607.0 agent, or both, in the State of I and accept the obligations of S Augustus (Agents) and the Company of Section 1995 and 199	Florida. Suc Section 607 4904	th change was authoriz 1.0505, Florida Statutes	zed by the i	corporation's	rporation submits this statement for board of directors. I hereby accept souled when reinstating:		04-2.	3-46	agent. Fam
12.	OFFICERS	AND DIRE		13.		ADDITIONS/CHANGES				
TITLE .			☐ DELETE	1.17		PRES SEC TREAUSU	RER	L	} Change	X Addition
NAME				1.2 N		MARINA VARGAS				
STREET ADDRESS					TREET ADDRESS	16316 HALLAU DR		1 2 2 2 2		
CITY-ST-ZIP			☐ DELETE	2 1 1	ITY-ST-ZIP	FT LAUDERDALE	FL.	33326	Change	☐ Add-tion
TITLE			□ bttere	2.2 N				_	•	_
NAME PARKET APPRICE				1	TREET ADDRESS					
STREET ADDRESS					CITY-ST-ZIP					
CITY-ST-ZiP TITLE			DELETE	3.1] Change	☐ Addition
NAME				3.2 h	IAME					
STREET ADDRESS				3.3.	STREET ADDRESS					
CITY+ST-ZIP				340	CITY-ST-ZIP					
TITLE			☐ DELETE	4.1	TITLE			Ĺ_) Change	Addition Addition
NAME					IAME					
STREET ADDRESS					STREET ADDRESS					
CITY - ST - ZIP			D DC: FTC		CITY-ST-ZIP			<u> </u>	Change	Addition
TITLE			☐ DELETE		TITLE			L	Jonanye	L Addition
NAME					NAME					
STREET ADDRESS					STREET ADDRESS					
C-TY-ST-ZIP			DELETE		CITY-ST-ZIP TITLE		-] Change	Addition
TIPLE			Посси		NAME			b-1	, - 3°	
NAME					STREET ADDRESS					
STREET ADDRESS					CITY-ST-ZIP					
14 Ldo bereby	certify that the information sund	lled with thi	is filing is voluntarily fur	nished and	does not ou	I alify for the exemption stated in Sec	lion 119	1.07(3)(k), Flor	ida Stati	ites. I further
						ccurate and that my signature shall the this report as required by Chapte				

(305) 470 9070

Source Hargan
THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR