

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

**APPROVED
AND
FILED**

96 JAN 23 PM 3: 07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000006946 (4)

1. Corporation Name
THE MUNNE GROUP, INC.



Principal Place of Business: **12177 S.W. 131ST AVENUE MIAMI FL 33186**
Mailing Address: **12177 S.W. 131ST AVENUE MIAMI FL 33186**

3. Date Incorporated or Qualified: **01/26/1995** 3a. Date of Last Report

2. Principal Place of Business
Miami, Florida

2a. Mailing Address
12177 S.W. 131 Ave.

4. FEI Number: **65-0596120** Applied For: Not Applicable:

21. **Miami, Florida**

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. **Miami, Fl**

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. **Miami, Fl**

28. **Miami, Florida**

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

24. **33186** 25. **U.S.A.**

29. **33186** 30. **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARLADE, ALBERTO J
3850 S.W. 87TH AVENUE
SUITE 207
MIAMI FL 33165**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTSD <input type="checkbox"/> DELETE
NAME	MUNNE, RAUL O
STREET ADDRESS	12177 S.W. 131ST AVENUE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	VD <input type="checkbox"/> DELETE
NAME	CICERO, PATRICIA
STREET ADDRESS	12177 S.W. 131ST AVENUE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400001707754
2.3 STREET ADDRESS	-02/06/96--01080--021
2.4 CITY-ST-ZIP	***200.00 ***200.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **1/16/96 232-9084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)