

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000009740 (8)

1. Corporation Name

MPM DESIGN GROUP, INC.



Principal Place of Business

Mailing Address

364 MINORCA AVENUE  
CORAL GABLES FL 33134

364 MINORCA AVENUE  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
02/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

ARAZOZA & COMAS, P.A.  
101 MADEIRA AVENUE  
CORAL GABLES FL 33134

4. FEI Number

65-0661222

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

81 Name

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

83

84 City

FL

85 Zip Code

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, if applicable,

(NOTE - Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P.R.** ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition  
1.2 NAME **MARIA MORAL**  
1.3 STREET ADDRESS **364 MINORCA AVE**  
1.4 CITY - ST - ZIP **CORAL GABLES FL 33134**

2.1 TITLE **VICE - PRESIDENT** ☐ Change ☒ Addition  
2.2 NAME **CHRISTINE MARZOUCA**  
2.3 STREET ADDRESS **364 MINORCA AVE**  
2.4 CITY - ST - ZIP **CORAL GABLES FL 33134**

3.1 TITLE **SECRETARY** ☐ Change ☒ Addition  
3.2 NAME **MAUREEN PFLUGFELDER**  
3.3 STREET ADDRESS **364 MINORCA AVE**  
3.4 CITY - ST - ZIP **CORAL GABLES FL 33134**

4.1 TITLE **TREASURER** ☐ Change ☒ Addition  
4.2 NAME **JOHN MEDINA**  
4.3 STREET ADDRESS **364 MINORCA AVE**  
4.4 CITY - ST - ZIP **CORAL GABLES FL 33134**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE MARZOUCA

Date

4/30/96 (305)447-9656

Daytime Phone #

CR2E034 (12/95)