Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90021 020 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	MENI # P95000	043833					
M & M INTERNATIONAL TRADING, INC.							
Principal Place	of Business	Mailing Address	_			1 8:566 11151 10100 1	****
2944 NW 60TH STREET 2944 NW 60TH STREET							
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 3330			109		DO NOT WRITE IN THI	S SPACE	,
					3. Date Incorporated or Qualifed	<u> </u>	
					05/30/1995		
O Division Di	and of Dunings	2a. Mailing Address			4. FEI Number	App	lied For
					65-0584293	Not	Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #,						\$8.75 Ac	dditional
- Outo, 7 pt. 17, oto.					5. Certificate of Status Desired	Fee Req	uired
27 27 City & State City & State					6. Election Campaign Financing	\$5.00 N	vlay Be
23		28]		Trust Fund Contribution	Added to	Fees
Zip			Country		8. This corporation owes the current year I	ntangible	_
24			30		Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	d Agent	
			81	Name			
DIROCCO, RAYMOND M 2944 NW 60TH STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
FOR	T LAUDERDALE FL 33309		83	i			
			84	City		85 Zip C	ode
				1	poration submits this statement for the purpose		
office or re agent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Fig	nda Statute	5 .	ion's board of directors. I hereby accept the app		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	PESCHLOW, JOERG		1.2 NAME				ĺ
STREET ADDRESS	COLLABOR COTTLE CTOFFT		1.3 STREE	T ADDRESS			'
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-	ST-ZIP .			
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	DIROCCO, RAYMOND		2.2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33309		2. 4 CITY-	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	3.1 TITLE		•	Change	☐ Addition
NAME			3.2 NAME				'
STREET ADDRESS		3.		ET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			Change	[1] Voginori
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STRÉ	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-			Change	Addition
TITLE	_		5.1 TITLE			□ Cilaride	
NAME			5.2 NAME	i			
STREET ADORESS				ET ADDRESS			
CITY-ST-ZIP		□ BELETT	5.4 CITY- 6.1 TITLE			Change	Addition
TITLE		☐ DELETE	6.1 HILE			r-1 auguga	
NAME]						
STREET ADDRESS	i		0.3 STRE	ET ADDRESS			

CITY-ST-ZIP Thereby 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 concretion 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.

6.4 CITY-ST-ZIP

SIGNATURE