1-21-98 B-()437 - () FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

SIGNATURE:

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address

26

DOCUMENT # P95000052836 (0)

M & M SOFTWARE CONSULTING, INC.

Principal Place of Business Mailing Address
11537Y S.W. 109TH ROAD 11537Y S.W. 109TH ROAD
MIAMI FL 33176 MIAMI FL 33176

FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

 Date Incorporated or Qualified 07/10/1995

65-0592527

4. FEI Number

[FIRETIAN 9 1998 (305) 274-9139

				1 To								-			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Eee Be	Additional equired				
22 City & State			127	City & State				S. Clastica Communica Cinemaios	-,			-			
23			28	├ ─ `				6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe							
Zip		Country		Zip								1			
24	25			29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No							
271	9. Name	and Address of Current					10. Name and Address of New Registered Agent					1			
MITCHELL, CYNTHIA M							Name		7-		Aug a				
												4			
11537Y S.W. 109TH ROAD MIAMI FL 33176							Street Addre	et Address (P.O. Box Number is Not Acceptable)							
1411	MINI FL 33	170					83								
							<u></u>								
							84 City S5 Zip Code								
11. Pursuant	to the provis	ions of Sections 607.0502	and 6	07.1508, Florida S	Statutes, the	above	e-named corpo	oration submits this statement for the		changing it	s registered	┪			
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.															
•	Aili Idiliindi W	ini, and accept the obliga		, 360,001,007,000	JJ, Florida i	naiulei		•	1						
SIGNATURE Signature, typed or ponted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE															
12.		OFFICERS AND				3.		ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR	S IN 12	CR2E034 (10/97)			
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NAME	MITCHE	ELL, CYNTHIA M			1	2 NAME						4			
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indicated officer or	14. I hereby certify that the information supplied with this filling 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in														