

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

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000054077 (9)

1. Corporation Name
M 3 & SONS CORP.

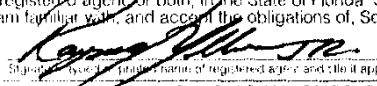


Principal Place of Business 13727 S.W. 152ND ST. SUITE 225 MIAMI FL 33177	Mailing Address 13727 S.W. 152ND ST. SUITE 225 MIAMI FL 33177-1106
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2. Principal Place of Business 21 16215 South Dixie Highway Suite, Apt. #, etc. 22 City & State 23 Miami, Florida 33157 Zip Country 24 25		2a. Mailing Address 26 15646 S.W. 111th Terrace Suite, Apt. #, etc. 27 City & State 28 Miami, Florida 33196 Zip Country 29 30		3. Date Incorporated or Qualified 07/13/1995	3a. Date of Last Report 05/01/1996
				4. FEI Number 65-0596525	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

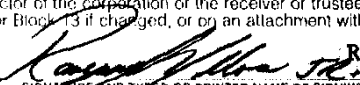
9. Name and Address of Current Registered Agent RAMIREZ, MANUEL A 13727 S.W. 152ND ST. SUITE 225 MIAMI FL 33177				10. Name and Address of New Registered Agent 81 Name Raymond Ulloa, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 16215 South Dixie Highway 83 84 City Miami FL 85 Zip Code 33157	
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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's signature required when reinstating) DATE 3/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMIREZ, MANUEL A	1.2 NAME	RAYMOND ULLOA, JR.
STREET ADDRESS	% 13727 S.W. 152ND ST. #225	1.3 STREET ADDRESS	16215 South Dixie Highway
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP	Miami, Florida 33157
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMIREZ, MIGUEL A	2.2 NAME	EVELYN ULLOA
STREET ADDRESS	% 13727 S.W. 152ND ST. #225	2.3 STREET ADDRESS	16215 South Dixie Highway
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	Miami, Florida 33157
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, MARCO A	3.2 NAME	
STREET ADDRESS	% 13727 S.W. 152ND ST. #225	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 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:  Raymond Ulloa, Jr., President 3/25/97 (305) 256-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #