

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90046 001 ***150.00

DOCUMENT # P95000067697

1. Corporation Name

M & M PROFESSIONAL SERVICES, INC.

Principal Place of Business

175 EAST 14TH STREET
HIALEAH FL 33010

Mailing Address

175 EAST 14TH STREET
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1995

2. Principal Place of Business

1516 E 4 Ave.

Suite, Apt. #, etc.

2a. Mailing Address

1516 E 4 Ave.

Suite, Apt. #, etc.

4. FEI Number

65-0605254

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

City & State
Hialeah, FL.

Zip Country
33010 USA

City & State
Hialeah, FL.

Zip Country
33010 USA

9. Name and Address of Current Registered Agent

MENENDEZ, MIKE
175 EAST 14TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name
Mike Menendez

82 Street Address (P.O. Box Number is Not Acceptable)
1516 E 4 Ave.

83

84 City
Hialeah

FL

85 Zip Code
33010

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 Mike Menendez

(NOTE: Registered Agent signature required when reinstating)

3/11/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME MENENDEZ, MIKE
STREET ADDRESS 175 EAST 14TH STREET
CITY-ST-ZIP HIALEAH FL 33010

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 P ☒ Change ☐ Addition
1.2 NAME Menendez, Mike
1.3 STREET ADDRESS 1516 E 4 Ave.
1.4 CITY-ST-ZIP Hialeah, FL. 33010

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: RED

3/11/99

Daytime Phone #

CR2E034 (11/98)