

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 # **P95000079171 (1)**

1. Corporation Name
MMA & ASSOCIATES, INC.



Principal Place of Business
**4240 SW 15 STREET
MIAMI FL 33134**

Mailing Address
**4240 SW 15 STREET
MIAMI FL 33134**

2. Principal Place of Business
21 Subj. Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Subj. Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **10/16/1995**

3a. Date of Last Report

4. FEI Number **05-0618684**

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contributor

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Applied For
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
**ALEMAN, MARTA M MS
4240 SW 15 STREET
MIAMI FL 33134**

10. Name and Address of New Registered Agent
81 Name **MARTINEZ-ALEMAN, MARTA**
82 Street Address (P.O. Box Number is Not Acceptable) **4240 SW 15 STREET**
83
84 City **Miami** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.009 and 607.030, 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. Thereby, as to the appointment as registered office or registered agent, I am

SIGNATURE: *Marta Aleman*

4/1/96

12. OFFICERS AND DIRECTORS

TITLE	P, S, T, A	<input type="checkbox"/> DELETE
NAME	MARTA MARTINEZ-ALEMAN	
STREET ADDRESS	4240 S.W. 15 STREET	
CITY-ST-ZIP	Miami, FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is valid to the best of my knowledge and does not qualify for the exemption in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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, employee, to exclude this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if required, or on an attachment with an address.

SIGNATURE: *Marta Aleman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 305-442-4993

CR2E034 (12/95)