

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000015661 (7)**  
 1. Corporation Name  
**M&M TRADING OF BROWARD INC.**



Principal Place of Business <b>1746 NW 55TH AVE., #201                  LAUDERHILL FL 33313</b>	Mailing Address <b>1746 NW 55TH AVE., #201                  LAUDERHILL FL 33313-4850</b>
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3. Date Incorporated or Qualified <b>02/16/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 <b>6001 W. SUNRISE BLVD.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>6001 W. SUNRISE BLVD.</b> Suite, Apt. #, etc.
22	27
23 <b>SUNRISE, FL</b> City & State	28 <b>SUNRISE, FL</b> City & State
24 <b>33313</b> Zip	29 <b>33313</b> Zip
25 <b>BROWARD</b> Country	30 <b>BROWARD</b> Country

4. FEI Number <b>65-0646335</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SHIM, MARVA**  
**1746 NW 55TH AVE., #201**  
**LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent  
 81 Name **SHERNA G. SPENCER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5950 W. Oakland Park Blvd**  
 83 **Suite 103**  
 84 City **LAUDERHILL** FL 85 Zip Code **33313**

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 \_\_\_\_\_ DATE **4/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIM, MARVA</b>	1.2 NAME	
STREET ADDRESS	<b>1746 NW 55TH AVE., #201</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>1746 NW 55TH AVE., #201</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Michael Lewis** **QUIFIED** **4-25-97** **1-954-584-5322**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)