

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
Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90041 004 ***150.00

DOCUMENT # **P96000015661**

1. Corporation Name

M&M TRADING OF BROWARD INC.



Principal Place of Business

**6001 W SUNRISE BLVD
SUNRISE FL 33313
US**

Mailing Address

**6001 W SUNRISE BLVD
SUNRISE FL 33313
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1996

Applied For

Not Applicable

4. FEI Number

65-0646335

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SPENCER, SHERNA G.
5950 W OAKLAND PARK BLVD
SUITE 103
LAUDERHILL FL 33313**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
LEWIS, MICHAEL
5809 NW 13 STREET
SUNRISE FL 33313**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
SHIM, MARYIA
1740 NW 55 AVE #201
LAUDERHILL FL 33313**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
SHIM, MARYIA
1740 NW 55 AVE #201
LAUDERHILL FL 33313**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
SHIM, MARYIA
1740 NW 55 AVE #201
LAUDERHILL FL 33313**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
SHIM, MARYIA
1740 NW 55 AVE #201
LAUDERHILL FL 33313**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
SHIM, MARYIA
1740 NW 55 AVE #201
LAUDERHILL FL 33313**

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Michael Lewis
MICHAEL LEWIS
NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99 954-6845322

CR2E034 (11/98)