

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026467 (6)

1. Corporation Name

MMT FASHIONS, INC.

Principal Place of Business

5850 MIAMI LAKES DR
MIAMI LAKES FL 33014

Mailing Address

5850 MIAMI LAKES DR
MIAMI LAKES FL 33014-2402

3. Date Incorporated or Qualified

03/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0653842

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TAFT, MARCIA M
5850 MIAMI LAKES DR
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

TAFT, MARCIA M.

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

4100 GALT OCEAN DRIVE *1414

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33308

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

Marcia M. Taft

MARCIA M. TAFT PARS

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DPVS
STREET ADDRESS TAFT, MARCIA M
CITY - ST - ZIP 5850 MIAMI LAKES DR
MIAMI LAKES FL 33014

TITLE ☐ DELETE
NAME TAFT, MARCIA M
STREET ADDRESS 5850 MIAMI LAKES DR
CITY - ST - ZIP MIAMI LAKES FL 33014

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 ☒ Change ☐ Addition
1.2 NAME TAFT, MARCIA M.
1.3 STREET ADDRESS 4100 GALT OCEAN DRIVE *1414
1.4 CITY - ST - ZIP FT. LAUDERDALE, FL 33308

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME TAFT, MARCIA M.
2.3 STREET ADDRESS 4100 GALT OCEAN DRIVE *1414
2.4 CITY - ST - ZIP FT. LAUDERDALE, FL 33308

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 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:

Marcia M. Taft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA M. TAFT

Date

PARS.

Daytime Phone #

(954) 568-0329

0120007

CR2E034 (9/96)