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 # P96000053406 (0)

MMC TRADING, INC.

FILED Apr 30 1997 8:00am Secretary of State



Frincipal Flace	6 Ot Briginess	Maning Aq	2915 ROLLING BROOK DRIVE ORLANDO FL 32837-7470				******		
2915 ROLLING ORLANDO FL 3						•			
						3. Date Incorporated or Qualified 06/24/1996	3a. Date o	l Last Repo	ort
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number	<u></u>	Appli	ed For
21		26				59-3347672		Not A	pplicable
Suite, Apt	#, etc	Suite, A	.pt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Add Fee Requ	
City & State)	City & S	State			6. Election Campaign Financing		\$5.00 Ma	зу Ве
3		28				Trust Fund Contribution		Added to F	ees
Zιρ	Country	Ζφ		Country	′	8. This corporation has liability for i			9.032,
24	25	29		30			Yes 🖹 N		
	9. Name and Address of Cui	rrent Hegistered Ag	ent	81	I Mana	10. Name and Address of New Re	gistered Age	nt	
	Mer, Barry N esq			81	Name				
	MAJOR BOULEVARD #230 ANDO FL 32819			82	Street Add	fress (P.O. Box Number is Not Acceptab	le)		
				83					
				84	City		 6	5 Zip Cod	de
						poration submits this statement for the pation's board of directors. I hereby accept	┡╙┆	- ·	
SIGNATURE	Signature, typied or printed harrie of registries OFFICERS	d agent and title if applicable AND DIRECTORS	e (NO	TE. Registered Ag	ent signature requ	ried when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DI	RECTORS I	N 12
TITLE	PD		DELETE	1.1 TITLE				Change [Addition
NAME	CRESPILHO, OSVALDO			1.2 NAME					
STREET ADDRESS	2915 ROLLING BROOK DRI	NE		1.3 STREET	ADORESS				
City-St-ZIP	ORLANDO FL 32837			1.4 CiTY-5	ST-2IP				
TITLE			DELETE	2.1 TITLE				Change [Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREE	T ADDRESS				
CITY - ST - ZIP				2 4 CITY-	ST-ZIP				
TITLE			DELETE	3 1 TITLE				Change L	Addition
NAME				32 NAME	-		.*		
STREET ADDRESS				3 3 STREET	T ADDRESS				
DITY-ST-72		· · · · · · · · · · · · · · · · · · ·	DELETE.	3.4. CITY -	ST-ZIP			Observe F	A diament
THILF			☐ DELETE	4.1 TITLE	Į		Ļ	Change L	Addition
NAME				4. 2 NAME	1				
STREET ADORESS					T ADDRESS				
CITY - ST - ZIP			DELETE	4.4 CITY-:	ST-ZIP			Change [Addition
THE			L DELETE	5.1 TITLE				ованус [— Manina
NAME				5.2 NAME					
STREET ADORESS					ADDRESS				
CHY-ST-7H'			DELETE	5.4 CITY-1	ST-ZIP		r -	Change [Additio
THUE			pectit	6.1 TITLE			L	Cuantie [MODINO
NAM:				6.2 NAME					
STREET ADDRESS					TADORESS				
CITY - ST - ZIP				6.4 CITY - S	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 cyanged, or on an attachment with an address.

SIGNATURE:

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 407-858-0375