NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # P9600063181 (7)

M.M. INTERNATIONAL INVESTMENT CORPORATION, INC.

Principal Place of Business Mailing Address 13935 S.W.9TH STREET 13935 S.W.9TH STREET MIAMI FL 33184 MIAMI FL 33184-3070 Date Incorporated or Qualified 07/29/1996 2. Principal Place of Business HSTNGET FEI Number 2a. Mailing Address Applied For 65-06 P.6581 SANE 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be MONDA MIAM 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation has liability for intangible tax under s. 199.032, 0005 29 Yes No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MAGDA MAYLIN VENTURA, ENRIQUE J JR 999 PONCE DE LEON BLVD. 82 **SUITE 1110** 83 **CORAL GABLES FL 33134** 33/14 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. registered ager and title if applicable agaa W SIGNATURE (NOTE: Registered Agent signature required when reinstaling) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. מ DELETE Change Addition TITLE 1.1 TITLE MAYLIN, MAGDA NAME 1.2 NAME 13935 S.W. 9TH STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33184** City-\$1-7iP 1.4 CITY-ST-ZIP Change DELETE Addition TIFLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-SI-7P 2.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 3 1 TITLE Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition FILLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE TILE 5.1 TITLE Addition 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIF 5.4 CITY-ST-ZIP DELETE ___ Addition 6.1 TITLE TIME NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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

6.4 CITY-ST-ZIP

Daytime Phone #

FILED

May 19 1997 8:00am

Secretary of State

(96/6)