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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600063181 (7)

M.M. INTERNATIONAL INVESTMENT CORPORATION, INC.

FILED Feb 25 1998 8:00am Secretary of State



						- [
Principal Place of Business Mailing Address								
13935 S.W.971 MIAMI FL 331	· ·	13935 S.W.9TH STREET Miami Fl 33184						
					ļ	DO NOT WRITE IN THIS SPACE		
					ļ	3. Date Incorporated or Qualified		İ
						07/29/1996		
2. Principal Place of Business 21 139355W 9S7 26 SAme					ļ	4. FEI Number		optied For
	26 -SAMC				65-0686585 Not Applicat			
Suite, Apt	# , e tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	·	Additional
22		27						equired
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing		May Be
23 1	Ami FLOYIDA	Zip Country				Trust Fund Contribution		to Fees
Zip		⊢ ' ⊢	_	шу		8. This corporation owes or has paid the cur		1
24 331	87 25 DAJC		0			Personal Property Tax due June 30. 10. Name and Address of New Registered A		_] No
9. Name and Address of Current Registered Agent					Name	to. Hallie alla Madress di Hew Hegistered	-gent	
	GDA, MAYLIN			B1	1401110			
	35 S.W.9TH STREET		6	B2	Street Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33184		-	B3				
			L		City		les Zin	Code
					City	FL.		
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 Signature pyred of minuted name of registed act agrift and little if applicable. (NOTE: Registered Agent arguature required when reinstating) OATE								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OPFICERS AND	_	
TITLE	D	☐ DELETE	1.1 TITL	Ε.			Change	Addition
NAME	MAYLIN, MAGDA 1.24			AE				l
STREET ADDRESS	13935 S.W. 9TH STREET			EET AL	DDRESS			į
CITY-ST-ZIP	MAMI FL 33184 1.40			r-st-	- ZIP			
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NAME			2.2 NAME			the state of the s		ļ
STREET ADDRESS	2.3			EET AC	DDRESS	·. • • • • • • • • • • • • • • • • • • •		[
CITY-ST-ZIP	2.			Y-ST-	-ZIP			J
TITLE		DELET e	3.1 TITLE				Change	☐ Addition
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CITY-ST-ZIP	i			Y-ST-	- 21P			
TITLE	DELETE 4.17						Change	Addition
NAME			4. 2 NAA	ME				
STREET ADDRESS			4.3 STR	EET AL	DDRESS			
CITY-ST-ZIP			4.4 CITY - S					
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NAME			5.2 NAME					
STREET ADDRESS			5.3 STR		DORESS			
CITY-ST-ZIP			5.4 CITY					
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NAME			6.2 NAM				,	
STREET ADDRESS			6.3 STRE		DDBESS			
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CITY-ST-ZIP			6.4 CITY			action 440 07/2Vi). Florida Ctatutos I further ac	246.46.46.2	

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.