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 # P9700004996 (9)

MTM INTERNATIONAL REALTY, INC.

FILED Feb 09 1998 8:00am Secretary of State

WATER THE THE TENEST IN THE			
Principal Place of Business Mailing Address			ÖŞIL BIBIR IBIR TÜRB BILI IBƏL
801 BRICKELL AVENUE #1901 801 BRICKELL	AVENUE #1901	1	
MIAMI FL 33131 MIAMI FL 3313		DO NOT WOITE IN THIS	CDACE
		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE.
		01/13/1997	}
2. Principal Place of Business 2a. Mailing Addre	ess		Applied For
21 26		4. FEI Number 072 6790	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 Additional
22 27		S. Serimode of states beared	Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country Zip	Country	Trust Fund Contribution	Added to Fees
24 25 29	30	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	Yes X No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	
LODGATO PICILARD C			
801 BRICKELL AVENUE #1901	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131	83	BRICKELL AW.	B2404
	84 City M	<i>î AMî</i> FL	85 Zip Code 9
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florid	la Statutes, the above-named corp	oration 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 607.4505. Florida Statutes.			
SIGNATURE PAGES //QUA T. /	Mean	123/9	
Stonature: Type to printed name of registered agent and title if applicable	NOTE Registers Agent signature require		F
12. OF FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE D'			Change Addition
NAME MUNOZ, MARIA T STREET ADDRESS 1901 BRICKELL AVENUE #B-2404	1.2 NAME		5
1 11111 51 00470	1.3 STREET ADDRESS		ļ
	14 CITY-ST-ZIP LETE 2.1 TITLE		Change Addition
NAME SEE	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS	•	
CITY-ST-ZIP	2.4 CITY-SI-ZIP	Ä.	
TITLE			☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE DEL	LETE 4.1 TITLE		Change Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY - ST - ZIP		
TITLE	· ·		Change Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREFT ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		T Ohan T Last
TITLE DEL			Change Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		1
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not c	64 City-St-ZiP	Section 119 07(3)(i) Florida Statutes Houther ce	rtify that the information

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 eath; 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:

Paria J. Chemis MARIAT. MUND

123/98 (30)285-0847