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

PROFIT



FLORIDA DEPARTMENT OF STATE

FILED Aug 26 1998 8:00am

ANNU	AL REPORT	Sandra B. I Secretary of DIVISION OF CO	of State	Secretary o	f State
DOCUMENT # P970000 1110Z 1. Corporation Name H.M.M. INTERNATIONAL CORP					
Principal Place of Business 16909 NORTH BAY Rd # 416 NORTH MIAMI 71 33160				DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	SPACE
				2/4/97	
2. Principal Pla	ace of Business	2a. Mailing Address 26 / 0 2 40 St	W 56 ST	4. FEI Number 65 - 072 7011	Applied For Not Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State		27 STE //5) ————————————————————————————————————	6. Election Campaign Financing	\$5.00 May Be
23		28 MIAM!	+1	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	29 33165 30	Country		Yes 🔀 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EISA C ZIDS 81 Name HENRY MARTINES					
EISA C KIOS				ress (P.O. Box Number is Not Acceptable)	·
1790 W 49 ST STE 217 83 1190					
IHALO	anh 7)	33012	167	ORTH MIAMI FL	85 Zip Code 3 3/60
11. Pursuant to the provisions of Sock as 201,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or registered agent, or body 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 originations of, Section 607.0505, Florida Statutes. SIGNATURE					
12.		and title if applicable (NOTE: R	legistored Agent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
	Tres TALA	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
, ,	المشارة المستحد	62	12 NAME		2
1		AY Rd 416	1.3 STREFT ADDRESS		اِیّا
CITY-ST-ZIP	P. MIAMI FI	3 \$ 14 O	1.4 CITY-ST-ZIP		Change Addition C
NAME	HARIA HAATINA	: Duttile	2.1 THILE 2.2 NAME		CT Outlings CT Mouston
STREET ADDRESS	6909 NOATH BA	7 ed 416	2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAHI F	33/60	2. 4 CITY - \$1 - ZIP		
TITLE	Sec.	☐ DELETE	3.1 TITLE		Change Addition
NAME	CLEMENCIA NIE 16909 NONTH B N. MIMMI FI	res por min	3.2 NAME		
STREET ADDRESS	6909 NONTH B	A Y KAY HILE	3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FI	DELETE	3.4 CITY-ST-ZIP		Change Addition
NAME		- Percir	4. 2 NAME		and a manage () and ()
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$1-2IP			4.4 CITY+ST-ZIP		
TITLE		DELETE	5.1 TRILE	200002625 3 2	Change Addition
NAME			5.2 NAME	-08/26/980102604	6
STREET AUDRESS			5.3 STREET ADDRESS	***150.00	-
CHY-ST-ZIP		DELETE	6.1 TITLE		Change Addition
NAME		- Joseph	6.2 NAME		
STREET ADDRESS			6 STREET ADDRESS		St at
CITY C1.710			6 4 CITY . C1 7ID		4.00

14. I hereby certify that the information supplied with the indicated on this annual report or supplemental anid officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attaching quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an vered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in

8/11/68 BUT)965-3157