


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90044 006 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000063543**

1. Corporation Name

**MHMR CORPORATION**

Principal Place of Business

9525 BYRON AVENUE  
SURFSIDE FL 33154

Mailing Address

9525 BYRON AVENUE  
SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7900 Tatum Waterway Dr.		26		07/23/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 # 304		27		65-0769436	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami Beach, Florida		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33141		25 USA		29	
30		31		32	

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **Richard X. Echeverria**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7900 Tatum Waterway Dr. # 304**  
 83 **Miami Beach, Fl. 33141**  
 84 City **FL** 85 Zip Code

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

*Richard X. Echeverria*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President
NAME	PIOMBO, MARGARITA H	1.2 NAME	Richard X. Echeverria
STREET ADDRESS	9525 BYRON AVENUE	1.3 STREET ADDRESS	7900 Tatum Waterway Dr. # 304
CITY-ST-ZIP	SURFSIDE FL 33154	1.4 CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE	T	2.1 TITLE	VP
NAME	URIARTE, MARIANA	2.2 NAME	Mariana Uriarte Echeverria
STREET ADDRESS	9525 BYRON AVENUE	2.3 STREET ADDRESS	7900 Tatum Waterway DR. # 304
CITY-ST-ZIP	SURFSIDE FL 33154	2.4 CITY-ST-ZIP	Miami Beach, Fl. 33141
TITLE	P	3.1 TITLE	
NAME	URIARTE, FERNANDO H	3.2 NAME	
STREET ADDRESS	9525 BYRON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

**SIGNATURE:** *Richard X. Echeverria*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

305-864-3517

Date

Daytime Phone #

CR2E034 (1/198)