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 # P9700082366 (0)

M&M SERVICES OF MIAMI, INC. Principal Place of Business Mailing Address 4731 WEST FLAGLER ST. 4731 WEST FLAGLER ST. MIAMI FL 33146 MIAMI FL 33146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1997 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For -0783404 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, ctc. \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Inlangible ΠÑο 24 25 29 30 Personal Property Tax due June 30, 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name GONZALEZ, MARIO 4731 WEST FLAGLER ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33146** 83 84 City 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** Signature, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GONZALEZ, MARIO NAME 1.2 NAME 4731 WEST FLAGLER ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33146** CITY-ST-ZIP 1.4 City - St - 7/P TITLE DELFTE 21 TITLE Change Addition 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP Change DELETE ___ Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

CITY-ST-ZIP 14. I hereby certify that the information sur-indicated on this annual report of surfr folied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information olemental argual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the received or trust of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpo Block 12 or Block 13 if chang n address.

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS

1/22/98

Change

☐ Addition

FILED

Apr 29 1998 8:00am

Secretary of State