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 # P97

^{IT #} P97000102004 (3)

M M T, INC. INTERNATIONAL

Principal Place of Business

Mailing Address

FILED
May 06 1998 8:00am
Secretary of State



420 LINCOLN RD., STE. 440 MIAMI BEACH FL 33139		420 LINCOLN RD., STE. 440 Miami Beach FL 33139			DO NOT WRITE	IN THIS S	PACE			
						3. Date incorporated or Qualified 12/02/1997		- 102		
2, Principal P	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number		×Α	pplied For	
21		26							ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		,	Additional equired	
City & State		Cily & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	Zip 29	Count	try		This corporation owes or has pa Personal Property Tax due June			tangible No	
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent 81 Name					
TSIMORTOS, PAUL N					Name					
420 LINCOLN RD., STE. 440 MIAMI BEACH FL 33139				32 5	Street Address (P.O. Box Number is Not Acceptable)					
			8	83						
			8	4 (City		FL	85 Zip	Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abo	ove-n by th	named corpor	ration submits this statement for the p	urnose of	changing i	ts 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, typed or printed name of registered agent	and title if any lead to	L. Bonistacod A	Nooul o	signature required	when reinstellers	DATE			
12.	OFFICERS AND	T - T	13.	- year a	aignature required	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	3S IN 12	
TITLE	D	☐ DELETE	11 TrTu	Ē			2.107.10	Change	Addition	
NAME	KADISON, MICHELE 12 N		1.2 NAM	IE						
STREET ADDRESS	420 LINCOLN RD., STE. 440		1.3 STREET ADDRESS		DRESS					
CITY-ST-ZIP			1.4 CITY	- S1 - Z	ZIP					
TITLE	0	L DELETE	2.1 TITLE	E				Change	Addition C	
NAME	BROOKS, PAULETTA		2.2 NAME							
STREET ADDRESS	420 LINCOLN RD., STE. 440		2.3 STRE	ET ADI	ORESS					
CITY-ST-ZIP	MIAMI BEACH FL 33139			2. 4 City-St-ZiP						
TITLE	¥			3.1 TITLE				Change	Addition	
NAME CORECT ADDOCSES	TSIMORTOS, PAUL N 420 LINCOLN RD., STE. 440		3.2 NAM		pocce					
STREET ADDRESS	MIAMI BEACH FL 33139		3.3 STRE			•				
CITY-ST-ZIP TITLE	MICHIEL DENOTE L 33133	DELETE	3.4. CITY 4.1 TITLE		LIT	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME		hand or a control to	4. 2 NAM					Onlingo		
STREET ADDRESS			4.3 STRE		DRESS					
CITY-ST-ZIP			4.4 CITY							
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME			5.2 NAM	E	Ì					
STREET ADDRESS			5 3 STRE	et adi	DRESS				-	
ÇITY-ST-ZIP			5.4 City	-\$1-2	rie .					
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	
NAME			6.2 NAM	Ε						
STREET ADDRESS			6.3 STRE	ET ADI	DRESS					
CITY-ST-ZIP			6.4 CITY	- ST - Z	MP.				ļ	

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, on an altachment with an address.