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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102004

1. Corporation Name

M M T, INC. INTERNATIONAL

Principal Place of Business

Mailing Address

420 LINCOLN RD., STE. 440 MIAMI BEACH FL 33139

420 LINCOLN RD., STE. 440 MIAMI BEACH FL 33139

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90032 035 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed
					12/02/1997
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Apr lied For
407 Lincoln Road		26 407 Lincoln Road		ad	APPLIED FOR Not Applicable
Suite, Apt. #, etc. Suite 4L		Suite, Apt. #, etc. 27 Suite 4L			5. Certificate of Status Desired See Recuired Fee Recuired
City & State	P	City & State Miami Beach, Florida			6. Election Campaign Financing \$5.00 May Be
Miami Beach, Florida		Miami Beac	n, F	Lorid	Trust Fund Contribution Added to Fees
Zip	Cour try	Zip	Coun	try	8. This corporation owes the current year intangible
24 33139	25 USA	29 33139	30	USA	Persor al Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
	ORTOS, PAUL N		[;	Name L	Paul N. Tsimortos
		-		Acdress P.O. Box Number is Not Acceptable) 4() / Lincoln Road Sulte 4L	
	LINCOLN RD., STE. 440		Į	4	407 Lincoln Road-Suite 4L
MIAN	AI BEACH FL 33139		1	33	
			-	4 City	= 85 Zip-Codg o
					liami Beach, FL 33139
11. Pursuant	to the provisions of Sc ctions 607.0502	and 607.1508, Florida Statute	s, the ab	ove-named	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or bo h, in the State o m familiar with, and accept the obligati	f Florida. Such change was a∟	ithorized	ov the corpo	portition's board of cirectors. I hereby accept the appointment as registered
	Paul N. Tsimort	os. President		-	4/26/99
SIGNATURE	Signature, typed or printed name of registered agent		Registered A	gent signature r	required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 1 TITL	E	☐ Change ☐ Additio
NAME	KADISON, MICHELE		1 2 NAA	É	Michele Kadison
STREET ADDRE 3S	420 LINCOLN RD., STE. 440		1.3 STR	EET ADDRESS	407 Lincoln Road-Suite 4L
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 C(T)	-ST-ZIP	Miami Beach, Florida 33139
TITLE	0	X DELETE	2.1 TITL		Pauletta Brooks X Change Additio
NAME	BROOKS, PAULETTA	x	2.2 NAA	E	
STREET ADDRESS	420 LINCOLN RD., STE. 440		23 STR	EET ADDRESS	407 Lincoln Road-Suite 4L
CITY-ST-ZIP	MIAMI BEACH FL 33139			Y-ST-ZIP	Miami Beach, Florida 33139
TITLE	D DEMONT PE 33133	₹ DELETE	3.1 TITL		★ Change Additio
NAME	TSIMORTOS, PAUL N		3 2 NAN		Paul N. Tsimortos
STREET ADDRESS	420 LINCOLN RD., STE. 440			EET ADDRESS	407 Lincoln Road-Suite 4L
	MIAMI BEACH FL 33139		:	Y-ST-ZIP	Miami Eeach, Florida 33139
CITY-ST-ZIP TITLE	IVINAINI DEMOTI FL 33139	DELETE	4.1 TITL		Change Addition
		_ 0000,0	4.2 NA		_ , _
NAME				EET ADDRESS	
STREET ADDRE SS					
CITY-ST-ZIP		DELETE	4.4 CITY	-ST-ZIP	Change Additio
TITLE			5.1 TOL		
NAME :				EET ADDRESS	
STREET ADDRESS			1	-ST-ZIP	
CITY-ST-ZIP			6.1 TITL		☐ Change ☐ Additio
TITLE		☐ DELETE			
NAME			6 2 NAM		_[
STREET ADDRE IS				EET ADDRESS	5
CITY-ST-ZIP			64 CIT	'-ST-ZIP	

14. I hereb / certify that the information supplied with this filling 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 recuired 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: Paul N. Tsimortos

(305) 534-0840