


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90038 012 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000036572

1. Corporation Name
MCM HOLDINGS, INC.

Principal Place of Business 7850 N.W. 146 ST. STE. 410 MIAMI LAKES FL 33016	Mailing Address 7850 N.W. 146 ST. STE. 410 MIAMI LAKES FL 33016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7850 NW 146 Street Suite, Apt. #, etc. 22 SUITE 423 City & State 23 MIAMI LAKES FL Zip 24 33016	2a. Mailing Address 26 7850 NW 146 STREET Suite, Apt. #, etc. 27 423 City & State 28 MIAMI LAKES Zip 29 FL Country 30 USA
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3. Date Incorporated or Qualified 04/22/1998	4. FEI Number 0831401 65-0831401	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required \$8.75	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> May Be Added to Fees \$5.00	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CAMUS, MICHAEL
 7850 N.W. 146 ST. STE. 410
 MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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]* DATE: 1-4-99

12. OFFICERS AND DIRECTORS

TITLE	SPD	<input checked="" type="checkbox"/> DELETE
NAME	CANCIO, MARIA	
STREET ADDRESS	7850 N.W. 146 ST. STE. 410	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	DTV	<input checked="" type="checkbox"/> DELETE
NAME	MIZZEL, MARIA H	
STREET ADDRESS	7850 N.W. 146 ST. STE. 410	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMUS, HEATHER	
STREET ADDRESS	7850 N.W. 146 ST. STE. 410	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL CAMUS	
1.3 STREET ADDRESS	7850 NW 146 ST, Suite 423	
1.4 CITY-ST-ZIP	MIAMI, FL 33016	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1-4-99 (305) 556-4422

CR2E034 (1/198)