

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90038 044 \*\*\*150.00

DOCUMENT # P98000087113

1. Corporation Name  
M.M.W. PROPERTIES INC.

Principal Place of Business  
4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802

Mailing Address  
4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/12/1998

4. FEI Number  
APPLIED FOR  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 1424 Sorolla Ave.  
Suite, Apt. #, etc.  
22 Coral Gables, FL  
City & State  
23 33134 USA  
Zip Country  
24  
25  
26 c/o Melanie Missirlian  
Suite, Apt. #, etc.  
27 1424 Sorolla Ave.  
City & State  
28 Coral Gables, FL 33134  
Zip Country  
29  
30

9. Name and Address of Current Registered Agent  
BLUMBERG EXCELSIOR CORPORATE SERVICES INC.  
4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802

10. Name and Address of New Registered Agent  
81 Name AARON R. SOBEL  
82 Street Address (P.O. Box Number is Not Acceptable)  
420 LINCOLN RD # 370  
83  
84 City MIAMI BEACH, FL 85 Zip Code 33139

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 AARON R. SOBEL  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE 1/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres and Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melanie Missirlian W&T	1.2 NAME	
STREET ADDRESS	1424 Sorolla Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	no others	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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]  
Signature and typed or printed name of signing officer or director  
Date 1-22-99  
Daytime Phone #

CR2E034 (11/98)