

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 17 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09731

(3)

1. Corporation Name

M & M PHARMACEUTICALS, INC.

Principal Place of Business

**1071 SW 8 ST
MIAMI FL 33130**

Mailing Address

**1071 SW 8 ST
MIAMI FL 33130**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1992

3a. Date of Last Report

07/22/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0311623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**IHEAGWARA, MICHAEL
1071 SW 8 ST
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

Burgos, Marco

82 Street Address (P.O. Box Number is Not Acceptable)

1071 SW 8 ST

83

84 City

Miami FL

FL

85 Zip Code

33130

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]

(NOTE: Registered Agent Signature required when amending)

4/10/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	IHEAGWARA, MICHAEL	7501 E TREASURE DR #5A	N BAY VILLAGE FL
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. Change	6. Addition
0	Burgos, Marco	1071 SW 8 ST	MIAMI, FL 33130	☒	☐
VD	Burgos, Suzanne M	1071 SW 8 ST	MIAMI, FL 33130	☐	☒
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. Change	6. Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. Change	6. Addition
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1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. Change	6. Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95

305-858-1346

Date

Telephone Number