FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 10: 11

DOCUMENT # **V25426** **(0)**

1. Corporation Name
M AND R FUNDING CORP.

Principal Place of Business	Mailing Address
2333 BRICKELL AVE. APT. 1212 MIAMI FL 33129 US	2333 BRICKELL AVE. APT. 1212 MIAMI FL 33129 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1992
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business	2a. Mailing Address
21 7200 MINDELLO ST.	26 7200 MINDELLO ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CORAL GABLES, FL.	City & State 28 CORAL GABLES, FL
Zip 24 33143 Country 25 USA	Zip 29 33143 Country 30 USA

4. FEI Number: 65-0339267 ☐ 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	10. Name and Address of New Registered Agent
MINTZ, LAWRENCE 2333 BRICKELL AVE. SUITE 1212 MIAMI FL 33129	81 Name MINTZ, LAWRENCE 82 Street Address (P.O. Box Number is Not Acceptable) 7200 MINDELLO ST. 83 84 City CORAL GABLES FL 85 Zip Code 33143

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] LAWRENCE MINTZ 4/1/95
(Signature required and printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☑ Change ☐ Addition PST
NAME	MINTZ, LAWRENCE	12 NAME	MINTZ, LAWRENCE
STREET ADDRESS	2333 BRICKELL AVE., APT. 1212	13 STREET ADDRESS	7200 MINDELLO ST.
CITY ST ZIP	MIAMI FL	14 CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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.

SIGNATURE: [signature] LAWRENCE MINTZ 4/1/95 305-668-0857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0123700 CP