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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # **V25426**

M AND R FUNDING CORP.

M AND R	FUNDING CORP.							
Principal Place	of Business	Mailing Address						
7200 MINDELLO		7200 MINDELLO STREET						
CORAL GABLES FL 33143 CORAL GABLES FL 3314						DO NOT WRITE IN TH	S SPACE	
US US						3. Date Incorporated or Qualifed		
						04/01/1992		
· · · · · · · · · · · · · · · · · ·	f Dusings	2a. Mailing Address				4. FEI Number	Apr	lied For
2. Principal Pla	ace of Business	26				NOT APPLICABLE		Applicable
Suite, Apt. #	t etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
<b>–</b>	, etc.	27	27			5. Certificate of Grands Beesings	Fee Red	<del></del>
City & State		City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year	intangible ☐ Yes	No
24	25	29	30			Personal Property Tax.		42140
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address of New Registers	. Agent	
				81	Name	·	3.4	
	Z, LAWRENCE			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		ļ
	MINDELLO ST			_			<u>-</u>	
COR	AL GABLES FL 33143			83				
				84	City	F	85 Zip (	Code
					<u></u>		of changing its	registered
11. Pursuant to	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was tions of Section 607.0505, Fl	ites, the authorize orida Sta	aboved by atutes	e-named co the corpora s.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as re	gistered
agent. i ai	m tamiliar with, and accept the oblige						<u> </u>	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT		_	nt signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	PST	☐ DELETE	1.1	TITLE				_
NAME	MINTZ, LAWRENCE			NAME				ļ
STREET ADDRESS	7200 MINDELLO STREET		1.3	STREE	TADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			CITY-S	ST-ZIP		Change	Addition
TITLE		☐ DELETE		TITLE				_
NAME				NAME		·		
STREET ADDRESS			2.3	STREE	TADDRESS		*** ; .	
CITY-ST-ZIP				4 CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE		TITLE	1			_
NAME				NAME				1
STREET ADDRESS					ET ADDRESS			ļ
CITY-ST-ZIP					ST-ZIP		Change	Addition
TITLE		☐ DELETE		TITLE	1			
NAME			•	2 NAME	- 1			
STREET ADDRESS					ET ADDRESS		•	
CITY-ST-ZIP					ST-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE		1 TITLE 2 NAME	- 1		-, ·	· ·
NAME			1		ET ADDRESS			
STREET ADDRESS	<b>3</b>				ST-ZIP		•	
CITY-ST-ZIP		□ DELETE		1 TITLE			Change	Addition
TITLE		☐ Dereite		2 NAME	- 1			
NAME					ET ADORESS			
STREET ADDRESS	s				ST-ZIP		•	
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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 chapted, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90025 025 \*\*\*150.00