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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V39895

(0)

Mailing Address

NEW M & M CORPORATION

FILED
May 02 1997 8:00am
Secretary of State

. 		

% FRANK MOYA. M.D. BOI ARTHUR GODFREY RD SUITE 400 MIAMI BEACH FL 33140		% Frank Moya, M.D. 801 Arthur Godfrey RD Suite 400 Miami Beach FL 33140-3323											
									·	 Date incorporated or Qualified 06/01/1992 	3a. Da 04/0	te of Last 1/1996	Report
	Place of Busin	ess		2a. Mailing Address						4. FEI Number	<u> </u>		Applied For
21		26						65-0351003			Not Applicable		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75	Additional	
22				27						5. 554455 5.54455		Fee	Required
City & Stat	(6			├ ─ `	y & State					6. Election Campaign Financing	_		0 May Be
23 Zip		Count		28					· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution			d to Fees
	-		У	Zip	1	<u> </u>	ountry	′		8. This corporation has liability for i			s. 199.032,
24		25 and Addre	ess of Current	29 Registere	d Agent	30	1			Florida Statutes 10. Name and Address of New Re	Yes [
KTG			ENT CORPOR		a waeiii		81	T-,	Name	10. Name and Address of New He	gistereo	Agent	
	1 BRICKELL		LITI OUNFUI	WIION				Ľ					
		NIL					82	3	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
SUITE 700 MIAMI FL 33131-3504						83							
HAR.A.	m: 1 E 99 19 1	-					"	ĺ					
•							84	(City			85 Zi	p Code
44 Purcuent	to the provisi	one of Soc	tions 607 0502	and 607.1	EDR Florido Sta	tuton the	- bour	<u></u>	amad acre	continue administration of the the	FL	11.	
office or r agent. I a	registered age am familiar wit	ent, or both h, and acc	n, in the State open the obligation	Florida S ons of Se	Such change wa ction 607.0505,	is authoriz Florida St	ed by atutes	φ-11 / th S.	ne corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of it the app	cnanging ointment a	as registered
SIGNATURE	Signature, typed o	or printed name	e of registered agent	and lite if app	Cable (N	VOTE: Registe	ed Age	ont s	signature requir	red when reinstating)	DATE		
12.			FFICERS AND			13				ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12
TITLE	CDP				DELETE		TITLE					☐ Change	
NAME	MOYA, M.					1.2	NAME						
STREET ADDRESS		iur godi	frey road.,	SUITE 4	00	1.3	STREET	ADI	DRESS				
CITY-ST-ZIP	MIAMI FL					1.4	CITY-S	T - 2	ZIP				
TITLE	DST				DELETE		TITLE					☐ Change	Addition
NAME	MOYA, EL					2.2	NAME						
STREET ADDRESS 801 ARTHUR GODFREY RD SUIT			E 400			2.3 STREET ADDRESS		ORESS					
CITY-ST-ZIP	MIAMI FL					2. #	CITY-5	ST-2	ZIP				
TITLE					DELETE	3.1	TITLE				····	☐ Change	Addition
NAME						3.2	NAME						
STREET ADDRESS	!					3.3	STREET	ADI	DRESS				
CITY-ST-ZIP		***				3.4.	CITY-S	ST - 2	ZIF				
TITLE					DELETE	4.1	TITLE					Change	Addition
NAME						4.2	NAME						
STREET ADDRESS						4.3	STREET	ADO	DRESS				
CITY-ST-ZIP						4.4	CITY-S	1 - 2	ne l				
TITLE					DELETE		IITLE					Change	Addition
NAME						5.2	NAME						
STREET ADDRESS						5.3	STREET	AD[DRESS				
CITY-ST-ZIP						5.4	CITY-S	T- Z I	MP				
TITLE					DELETE		TITLE					Change	Addition
NAME						6.2	MAME						
STREET ADDRESS						6.3	STREET	ADC	DRESS				
CITY-ST-ZIP						6.4	CITY-S	T- ZI	IP				
14. I do herek	by certify that	the inform	ation supplied	vith this fili	ng does not qu	alify for the	evel	mn	ntion stated	in Section 119.07(3)(i), Florida Statutes	I further	certify tha	at the
i am an of appears i	flicer or direct n Block 12 or	tor of the c Block 13 i	on report or superporation or the first or of	An itac	annoai report is or trustee empi hment with an a	s true and owered to iddress.	exec	ute	te and that this repor	my signature shall have the same legal t as required by Chapter 607, Florida St	effect as atutes; ar	it made u id that my	inder oath; that rname