


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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V39895 (0)		
1. Corporation Name NEW M & M CORPORATION		

Principal Place of Business % FRANK MOYA, M.D. 801 ARTHUR GODFREY RD SUITE 400 MIAMI BEACH FL 33140	Mailing Address % FRANK MOYA, M.D. 801 ARTHUR GODFREY RD SUITE 400 MIAMI BEACH FL 33140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1401 BRICKELL AVE Suite Apt. #, etc. 22 630 City & State 23 MIAMI, FL Zip 24 33131 Country 25		2a. Mailing Address 26 1401 BRICKELL AVE Suite Apt. #, etc. 27 630 City & State 28 MIAMI, FL Zip 29 33131 Country 30		3. Date Incorporated or Qualified 06/01/1992	4. FEI Number 65-0351003	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent KTC&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE SUITE 700 MIAMI FL 33131-3504		10. Name and Address of New Registered Agent 81 Name IRA M. LEVENSHON 82 Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE 83 SUITE 630 84 City MIAMI FL 85 Zip Code 33131	
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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  IRA M. LEVENSHON 1/5/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYA, M. D. FRANK	1.2 NAME	
STREET ADDRESS	801 ARTHUR GODFREY ROAD., SUITE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYA, ELIZABETH M.	2.2 NAME	
STREET ADDRESS	801 ARTHUR GODFREY RD SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 in an attachment with an address.

SIGNATURE:  IRA M. LEVENSHON 1/5/98 (305) 373-9600

CR2E034 (10/97)