

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
CORPORATION DIVISION

APPROVED
AND
FILED

95 MAY - 1 11 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V73021** (0)
M & S EXPORT CORP.

2. Date of Report	2a. Date of Report	3. Date of Report	3a. Date of Report
21. State Agency	2b. State Agency	4. Filing Number	Applied For / Not Applicable
22. State Agency	27. State Agency	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. State Agency	28. State Agency	6. Taxpayer Consented to Form 9700 Contribution	\$5.00 May Be Added to Fees
24. State Agency	29. State Agency	7. This corporation has elected to report on Form 9700	Florida Statute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81. Name	81. Name
82. Street Address (P.O. Box Number is Not Acceptable)	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	83. City
84. State	84. State
	85. Zip Code

11. The agent, the president of the corporation, or the secretary of the corporation, or the officer in charge of the corporation, or the registered agent, or both, on the date of filing, shall sign and submit to the corporation's board of directors, if any, to accept the appointment as registered agent. I am familiar with and accept the appointment as such for the term of this statement.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDRESSES OF OFFICERS AND DIRECTORS
NAME: PSD MARONO, MANUEL L. 9092 NW S RIVER DR MEDLEY FL	ADDRESS: [] Change [] Address
NAME: VPD MARONO, MANUEL 9092 NW S RIVER DR, BAY 53 MIAMI FL	[] Change [] Address
NAME: []	[] Change [] Address
NAME: []	[] Change [] Address
NAME: []	[] Change [] Address
NAME: []	[] Change [] Address
NAME: []	[] Change [] Address
NAME: []	[] Change [] Address
NAME: []	[] Change [] Address
NAME: []	[] Change [] Address

14. I hereby certify that the information reported on this report is accurate and complete, and that my signature shall have the same legal effect as if made under oath. That this report is a true and correct copy of the information reported on this report as required by Chapter 220, Florida Statutes, and that my name appears in this report as required by Chapter 220, Florida Statutes.

SIGNATURE: *Manuel L. Marono* MANUEL L. MARONO 5/1/95 (305) 889-0138
SIGNATURE AND TYPE D OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR