

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

FILED

**Mar 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M46842 (4)

1. Corporation Name
C. M. M. INDUSTRIES, INC.



Principal Place of Business 7780 W. 2ND COURT HIALEAH FL 33014	Mailing Address 7780 W. 2ND COURT HIALEAH FL 33014-4308
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2. Principal Place of Business 21 4760 NW 128th Street Suite, Apt. #, etc.		2a. Mailing Address 26 4760 NW 128th Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/19/1987	3a. Date of Last Report 07/19/1996
22 City & State 23 Opalocka, Florida		27 City & State 28 Opalocka, Florida		4. FEI Number 59-2789881	Applied For Not Applicable
24 33054-5132 25 Dade		29 33054-5132 30 Dade		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Opalocka, Florida		28 Opalocka, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33054-5132 25 Dade		29 33054-5132 30 Dade		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MENENDEZ, CARMEN 1525 PALANCIA AVE. CORAL GABLES FL 33148				10. Name and Address of New Registered Agent	
New Address:				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, CARMEN	1.2 NAME	MENENDEZ, CARMEN
STREET ADDRESS	7780 W 2ND CT	1.3 STREET ADDRESS	4760 NW 128th Street
CITY- ST- ZIP	HIALEAH FL	1.4 CITY- ST- ZIP	Opalocka, Florida 33054-5132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, MARIA C	2.2 NAME	MENENDEZ, MARIA C
STREET ADDRESS	7780 W 2 CT	2.3 STREET ADDRESS	4760 NW 128th Street
CITY- ST- ZIP	HIALEAH FL	2.4 CITY- ST- ZIP	Opalocka, Florida 33054-5132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, MANUEL E	3.2 NAME	MENENDEZ, MANUEL E
STREET ADDRESS	7780 W 2ND CT	3.3 STREET ADDRESS	4760 NW 128th Street
CITY- ST- ZIP	HIALEAH FL	3.4 CITY- ST- ZIP	Opalocka, Florida 33054-5132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 do 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 on an attachment with an address.

SIGNATURE: *Maria C Menendez* **3/21/97** 305-362-6099
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)