

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052367 (7)
1. Corporation Name
M3C, INC.

Principal Place of Business: 1450 MADRUGA AVE SUITE 305 CORAL GABLES FL 33146 US
Mailing Address: 1460 CHUKAR RIDGE PALM HARBOR FL 34683



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1460 CHUKAR RIDGE		26 1460 CHUKAR RIDGE		07/14/1994	05/11/1995
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEL Number	Applied For / Not Applicable
23 PALM HARBOR FL		28 PALM HARBOR FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34683		29 34683		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ROCHA, VICTOR E ESQ
1450 MADRUGA AVE
SUITE 305
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name STEVE HOUSE
82 Street Address (P.O. Box Number is Not Acceptable) 1460 CHUKAR RIDGE
83
84 City PALM HARBOR FL 85 Zip Code 34683

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, 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: *[Signature]* DATE: 4/2/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/S/T
NAME	ROCHA, VICTOR E	1.2 NAME	STEVE HOUSE
STREET ADDRESS	1450 MADRUGA AVE SUITE 305	1.3 STREET ADDRESS	1460 CHUKAR RIDGE
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	100001786691
STREET ADDRESS		4.3 STREET ADDRESS	-04/19/96--01015--026
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***200.00
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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, on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/2/96 813 736 5485

CR2E034 (12/95)