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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F54508

Country

9. Name and Address of Current Registered Agent

25

3250 NW 43RD TERRACE

MARTINITO MOTORS, INC.

2. Principal Place of Business

BACK, EVA

MIAMI FL 33142

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Principal Place of Business Mailing Address

3250 NORTHWEST 43RD TERRACE 3250 NORTHWEST 43RD TERRACE MIAMI FL 33142 MIAMI FL 33142

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

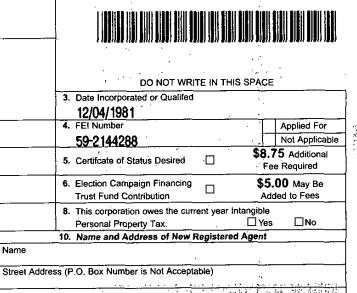
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FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90019 021 ***150.00



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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.

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City

Country

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Ogo , a.				•
SIGNATURE	ANOTE:	Pagistared Agent signature	required when reinstating)	DATE
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PTD DELETE	1.1 TITLE	150 - 1100	☐ Change ☐ Addition
NAME	BACK, SHARON	1.2 NAME	20 10 0	
STREET ADDRESS	3250 NW 43 TERR	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142	1,4 CITY-ST-ZIP	<u> </u>	
TITLE	VSD DELETE	2.1 TITLE		☐ Change ☐ Additi
NAME	BACK, ROBERT	2.2 NAME	· Ser	
STREET ADDRESS	3250 NW 43 TERR	2.3 STREET ADDRESS	1 1	
CITY-ST-ZIP	MIAMI FL 33142	2. 4 CITY-ST-ZIP		<u>. </u>
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Additi
NAME ,		3.2 NAME	\$\$\tag{\tag{2}}	r
STREET ADDRESS		3.3 STREET ADDRESS		自然特许联系 數位
CITY-ST-ZIP		3.4. CITY- ST-ZIP		State of the state
TITLE	DELETE	4.1 TITLE		Change Addition
NAME	•	4. 2 NAME	*	
STREET ADDRESS		4.3 STREET ADDRESS	• . • .	
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Aidditi
TITLE	□ OELETE	5.1 TITLE 5.2 NAME	2 4	□ Criaride □ vagin
NAME		5.3 STREET ADDRESS		
STREET ADDRESS		5.4 CITY-ST-ZIP	1,500	
CITY-ST-ZIP	DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE	T. DELETE	6.2 NAME	,	
NAME		6.3 STREET ADDRESS		****
STREET ADDRESS		6.4 CITY-ST-ZIP		•
CITY-ST-ZIP		0.7 0111-01-21	<u> </u>	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

1/25/99 305-751-474

RZE034 (11/98)