

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K15663 (3)**

1. Corporation Name
MART-LAND DEVELOPERS, INC.



Principal Place of Business: P.O. BOX 5139 HIALEAH FL 33014
Mailing Address: P.O. BOX 5139 HIALEAH FL 33014

3. Date Incorporated or Qualified: **02/22/1988**
3a. Date of Last Report: **04/25/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
MARTINEZ, CARLOS M 2033 WEST 73RD STREET MIAMI FL 33016				81	Name	CARLOS M MARTINEZ			
				82	Street Address (P.O. Box Number is Not Acceptable)	2695 WEST 76th STREET			
				83					
				84	City	Hialeah	85	Zip Code	FL 33016

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: **CARLOS M MARTINEZ, President** 4-23-96
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, CARLOS M.			1.2 NAME	MARTINEZ, CARLOS M		
STREET ADDRESS	2033 W 73 ST			1.3 STREET ADDRESS	2695 WEST 76 STREET		
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-ST-ZIP	HIALEAH - FL 33016		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, NESTOR A			2.2 NAME	MARTINEZ, NESTOR A		
STREET ADDRESS	2033 W 73 ST			2.3 STREET ADDRESS	2695 WEST 76 STREET		
CITY-ST-ZIP	HIALEAH FL			2.4 CITY-ST-ZIP	HIALEAH - FL 33016		
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 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)(k), 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, 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: **CARLOS M MARTINEZ, Pres.** 4-23-96 805-556-9290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)