

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000066005 (7)**

1. Corporation Name

MARTIN, BATISTA & LOPEZ, P.A.



Principal Place of Business

Mailing Address

255 ALHAMBRA CIR.
#420
CORAL GABLES FL 33134

1840 W. 49TH ST.
SUITE 105
HIALEAH FL 33012

3. Date Incorporated or Qualified

09/08/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 255 Alhambra Circle

26 255 Alhambra Circle

4. FEI Number

65-0528682

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 380
City & State

27 380
City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Coral Gables, Florida

28 Coral Gables, Florida

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24 33134

25 U.S.A.

29 33134

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, FELIX J ESQ.
255 ALHAMBRA CIR. REET STE. 105
SUITE 420
CORAL GABLES FL 33134

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 officer 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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME LOPEZ, LAZARO J ESQ.
STREET ADDRESS 1840 WEST 49TH STREET STE. 105
CITY - ST - ZIP HIALEAH FL 33012

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DELETE
NAME MARTIN, FELIX J ESQ.
STREET ADDRESS 1840 WEST 49TH STREET STE. 105
CITY - ST - ZIP HIALEAH FL 33012

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DELETE
NAME BATISTA, RHADAMES C ESQ.
STREET ADDRESS 1840 WEST 49TH STREET STE. 105
CITY - ST - ZIP HIALEAH FL 33012

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAZARO LOPEZ 4-28-96 448-8048

Date

Destination Phone #

CR2E034 (12/95)