

MR

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED  
Sep 24 1998 8:00am  
Secretary of State

DOCUMENT # P97000010865 (8)  
1. Corporation Name

MARTINCA, INC.



Principal Place of Business: 501 HAMS AVE. HAMES AVE. ORLANDO FL 32805  
Mailing Address: 501 HAMS AVE. HAMES ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1997  
4. FEI Number: 59342068319 Applied For Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent  
MARTINEZ, PABLO  
501 HAMS AVE.  
ORLANDO FL 32805

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: Signature, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS  
1.1 TITLE: PD  
1.2 NAME: MARTINEZ, PABLO  
1.3 STREET ADDRESS: 501 HAMS AVE.  
1.4 CITY-ST-ZIP: ORLANDO FL 32805  
2.1 TITLE: DT  
2.2 NAME: INCATASCIATO, AGRIPPINO  
2.3 STREET ADDRESS: 501 HAMS AVE.  
2.4 CITY-ST-ZIP: ORLANDO FL 32805  
3.1 TITLE: DS  
3.2 NAME: INCATASCIATO, MARIA  
3.3 STREET ADDRESS: 501 HAMS AVE.  
3.4 CITY-ST-ZIP: ORLANDO FL 32805  
4.1 TITLE: RAFAEL A. MARTINEZ  
4.2 NAME: RAFAEL A. MARTINEZ  
4.3 STREET ADDRESS: 9986 Espana Ct  
4.4 CITY-ST-ZIP: Orlando FL 32825

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: President  
1.2 NAME: Pablo Martinez  
1.3 STREET ADDRESS: 501 HAMES AVE.  
1.4 CITY-ST-ZIP: Orlando FL 32805  
2.1 TITLE: V. President  
2.2 NAME: Incatasciato Agrippino  
2.3 STREET ADDRESS: 501 HAMES AVE  
2.4 CITY-ST-ZIP: Orlando FL 32805  
3.1 TITLE: Treasury  
3.2 NAME: Incatasciato Maria  
3.3 STREET ADDRESS: 501 HAMES AVE  
3.4 CITY-ST-ZIP: Orlando FL 32805  
4.1 TITLE: SECRETARI  
4.2 NAME: RAFAEL A. MARTINEZ  
4.3 STREET ADDRESS: 501 HAMES AVE  
4.4 CITY-ST-ZIP: Orlando FL 32805

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 as an attachment with an address.

SIGNATURE: [Signature]

July 30 - 98

CR2E034 (5/98)