

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
**AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

0016074

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 JUL 26 AM 8:08

**DOCUMENT # P97000010865** ✓  
 1. Corporation Name  
**MARTINCA, INC.**



Principal Place of Business <b>501 HAMES AVE. ORLANDO FL 32805</b>	Mailing Address <b>501 HAMES AVE. ORLANDO FL 32805</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>501 HAMES AVE.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>501 HAMES AVE.</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>01/30/1997</b>	4. FEI Number <b>59-3420683</b>	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23 <b>ORLANDO, FLORIDA</b> City & State	28 <b>ORLANDO, FLORIDA</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees	
24 <b>32805</b> Zip	25 <b>USA</b> Country	29 <b>32805</b> Zip	30 <b>USA</b> Country	8. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MARTINEZ, PABLO 501 HAMES AVE. ORLANDO FL 32805</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>501 HAMES AVENUE</b> 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>MARTINEZ, PABLO</b>	11 TITLE <b>200002953202-3</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>501 HAMES AVE</b>	<input type="checkbox"/> DELETE	12 NAME	<b>-08/06/99--01085--018</b>
CITY-ST-ZIP <b>ORLANDO FL 32805</b>		13 STREET ADDRESS	<b>****563.75 ****563.75</b>
TITLE <b>V</b>	NAME <b>INCATASCIATO, AGRIPPINO</b>	14 CITY-ST-ZIP	
STREET ADDRESS <b>501 HAMES AVE</b>	<input checked="" type="checkbox"/> DELETE	21 TITLE <b>VICE-PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>ORLANDO FL 32805</b>		22 NAME <b>RAFAELA MARTINEZ</b>	
TITLE <b>T</b>	NAME <b>INCATASCIATO, MARIA</b>	23 STREET ADDRESS <b>501 HAMES AVENUE</b>	
STREET ADDRESS <b>501 HAMES AVE</b>	<input checked="" type="checkbox"/> DELETE	24 CITY-ST-ZIP <b>ORLANDO, FL. 32805</b>	
CITY-ST-ZIP <b>ORLANDO FL 32805</b>		31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	NAME <b>MARTINEZ, RAFAELA</b>	32 NAME	
STREET ADDRESS <b>501 HAMES AVE</b>	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32805</b>		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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.

SIGNATURE: *Martinez* 7.7.99 407.422.0444  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)