

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

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Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90029 002 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000027132

Corporation Name
MARTINEZ & PERERA, INC.

Place of Business
12351 S.W. 252ND TERRACE
33032
Mailing Address
12351 S.W. 252ND TERRACE
MIAMI FL 33032



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1998
4. FEI Number: 65-0821063
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent: PERERA, LUCIANO O JR, 12351 S.W. 252ND TERRACE, MIAMI FL 33032
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

I, the undersigned, being duly sworn, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DP PERERA, LUCIANO O JR 12351 S.W. 252ND TERRACE MIAMI FL 33032	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV MARTINEZ, DOLORES C 12351 S.W. 252ND TERRACE MIAMI FL 33032	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 6/17/99 Daytime Phone #

CR2E034 (11/98)