

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V21041 (1)**

1. Corporation Name:
MARTINETTI IMPORT & EXPORT, CORP.



Principal Place of Business: **2301 COLLINS AVENUE, SUITE A-1615 MIAMI BEACH FL 33139**
Mailing Address: **2301 COLLINS AVENUE, SUITE A-1615 MIAMI BEACH FL 33139**

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

3. Date Incorporated or Qualified: **03/13/1992**
3a. Date of Last Report: **02/22/1995**
4. FLE Number: **65-0323038**
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 has liability interjurisdictional tax under s. 193.032, Florida Statute: Yes No

9. Name and Address of Current Registered Agent:
**MARTINETTI, JULIO L
2301 COLLINS AVENUE, SUITE A-1615
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent:
81. Name: **LARRY NONES, CPA**
82. Street Address (P.O. Box Number is Not Acceptable): **Suite 201**
83. City: **1985 N.W. 88 COURT**
84. City: **MIAMI** FL 85. Zip Code: **33172**

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business, 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

SIGNATURE: **LARRY NONES, CPA** 3/12/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: PD	<input type="checkbox"/> DELETE	13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: MARTINETTI, JULIO L		13.2 NAME:	
12.3 STREET ADDRESS: 2301 COLLINS AVENUE, SUITE A-1615		13.3 STREET ADDRESS:	
12.4 CITY, STATE, ZIP: MIAMI BEACH FL 33139		13.4 CITY, STATE, ZIP:	
12.5 TITLE: SD	<input type="checkbox"/> DELETE	13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: GIANCARDI, EDDA M		13.6 NAME:	
12.7 STREET ADDRESS: 2301 COLLINS AVENUE, SUITE A-1615		13.7 STREET ADDRESS:	
12.8 CITY, STATE, ZIP: MIAMI BEACH FL 33139		13.8 CITY, STATE, ZIP:	
12.9 TITLE:	<input type="checkbox"/> DELETE	13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME:		13.10 NAME:	
12.11 STREET ADDRESS:		13.11 STREET ADDRESS:	
12.12 CITY, STATE, ZIP:		13.12 CITY, STATE, ZIP:	
12.13 TITLE:	<input type="checkbox"/> DELETE	13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME:		13.14 NAME:	
12.15 STREET ADDRESS:		13.15 STREET ADDRESS:	
12.16 CITY, STATE, ZIP:		13.16 CITY, STATE, ZIP:	
12.17 TITLE:	<input type="checkbox"/> DELETE	13.17 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME:		13.18 NAME:	
12.19 STREET ADDRESS:		13.19 STREET ADDRESS:	
12.20 CITY, STATE, ZIP:		13.20 CITY, STATE, ZIP:	

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption status in Section 119.07(9)(a), Florida Statutes. I further certify that the information provided on this form is correct and complete. I am an officer or director of this corporation and my signature shall have the same legal effect as if made under oath. This form is subject to the provisions of the records retention law, Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes, or on an attached form with an address.

SIGNATURE: **JULIO MARTINETTI** 103/13/96 305 868 3327

CR2E034 (12/95)