

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

FILED

**Feb 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 443790 (1)
1. Corporation Name
JUAN R. MARTINEZ & ASSOCIATES, INC.



Principal Place of Business
**8550 FLAGLER ST.
#117
MIAMI FL 33144**

Mailing Address
**8550 FLAGLER ST.
#117
MIAMI FL 33144-2037**

3. Date Incorporated or Qualified
03/01/1974

3a. Date of Last Report
07/16/1996

2. Principal Place of Business
21
22. Mailing Address
26
4. FEI Number
59-1521880
Applied For
Not Applicable

22. Suite, Apt. #, etc.
27
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State
28
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip Country
25 29 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MARTINEZ, JUAN R.
8550 FLAGLER, ST. SUITE 117
#242
MIAMI FL 33144**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JUAN R.	1.2 NAME	
STREET ADDRESS	674 GLENRIDGE RD.	1.3 STREET ADDRESS	1036 San Pedro Ave
CITY-ST-ZIP	KEY BISCAYNE-FL	1.4 CITY-ST-ZIP	Coral Gables FL 33156
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MARGARITA P.	2.2 NAME	
STREET ADDRESS	674 GLENRIDGE RD.	2.3 STREET ADDRESS	1036 San Pedro Ave
CITY-ST-ZIP	KEY BISCAYNE-FL	2.4 CITY-ST-ZIP	Coral Gables FL 33156
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **1/27/97**
Daytime Phone #

CR2E034 (9/96)