

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 516330

(8)

1. Corporation Name

MARTORI ENTERPRISES, INC.



Principal Place of Business

7190 SW 47TH STREET  
MIAMI FL 33155

Mailing Address

7190 SW 47TH STREET  
MIAMI FL 33155

3. Date Incorporated or Qualified

10/13/1976

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip

25. Country

29. Zip

30. Country

4. FEI Number

59-1705021

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ITALIANO, VITTORIO  
370 HEATHER LANE  
KEY BISCAVNE FL 33149

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 607.0602 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 of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME ITALIANO, VITTORIO  
STREET ADDRESS 370 HEATHER LANE  
CITY, ST, ZIP KEY BISCAVNE FL

TITLE ST  
NAME ITALIANO, MARLENE  
STREET ADDRESS 370 HEATHER LANE  
CITY, ST, ZIP KEY BISCAVNE FL

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

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NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VITTORIO ITALIANO

1-29-96 (305) 3613353

Date

Signature Block #

CR2E034 (12/95)