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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 516330

(8)

MARTORI ENTERPRISES, INC.

FILED Jan 21 1998 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address	E 11413 ABIT ATAIT ATAIT ATAIT ETAIT BEATT JAAT	
7190 SW 47TH STREET 7190 SW 47TH STREET Alami FL 33155 Miami FL 33155 DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Que	alified	
10/13/1976		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For	
21 26 59-1705021	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desi	red \$8.75 Additional Fee Required	
City & State City & State 6. Election Campaign Financing \$		
23 Z8 Trust Fund Contribution		
	8. This corporation owes or has paid the current year Intangible	
	Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent	
Del Maria	lew Registered Agent	
TIALIANO, VITORIO		
370 HEATHER LANE KEY BISCAYNE FL 33149 Street Address (P.O. Box Number is Not Address (P.O. B	et 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		
Signature, typod or printed name of registered agent and tote if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO	DATE D OFFICERS AND DIRECTORS IN 12	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO	Change Addition	
NAME ITALIANO, VITTORIO 12 NAME		
STREET ADDRESS 370 HEATHER LANE 1.3 STREET ADDRESS	ss	
CITY-ST-ZIP KEY BISCAYNE FL 1.4 CITY-ST-ZIP		
TITLE ST DELETE 2.1 TITLE	Change Addition	
NAME ITALIANO, MARLENE 2.2 NAME		
STREET ADDRESS 370 HEATHER LANE 2.3 STREET ADDRESS	s	
CITY-ST-ZIP KEY BISCAYNE FL 2.4 CITY-ST-ZIP		
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition	
NAME 3.2 NAME	}	
STREET ADDRESS 3.3 REET ADDRESS		
CITY-ST-ZIP 3.4. ITY-ST-ZIP		
TITLE DELETE 4.1 LE	☐ Change ☐ Addition	
NAME 4.2 AME	1	
STREET ADDRESS 4.3 REET ADDRESS		
CITY-ST-ZIP 4.4 Y-ST-ZIP		
TITLE DELETE 5.1 LE	☐ Change ☐ Addition	
NAME 5.2 ME		
STREET ADDRESS 5.3 REET ADDRESS		
CITY-ST-ZIP 5.4 TY-ST-ZIP		
TITLE DELETE 6.1 (ILE	☐ Change ☐ Addition	
NULL COMMAN		
NAME 6.2 AME	I I	
NAME STREET ADDRESS 6.3 TREET ADDRESS		

14. Thereby 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 is rupplemental 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 phapped, or on an attachment with an address.