Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90230 015 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 535364

1. Corporation Name MARTIKA CORPORATION							A TRANSPORTURE FOR A THREE PRINTS	IARA atāl ā k ā cā i	6 1861 81811 81811 81	1 2 11 2 1 1 11 1 2 2 1	
	· •					Ì					
Principal Place	e of Business	Mailing A	ddress						#1#41 #1#31 #1#44 #1	(B)) (B)(B)(1 (B)(B)	
6010 SW 98 STREET 6010 SW 98 STREET											
MIAMI FL 33156 MIAMI FL 33156							DO NOT WRITE IN THIS SPACE				
US		US					Date Incorporated or Qualifed		- SPACE		
							05/11/1977				
2. Principal Pl	ace of Business	2a. Mailin	g Address		,	4.	FEI Number	,		plied For	
21		26	A				59-1741585		\$8.75 Ad	Applicable	
Suite, Apt.	#, etc.	— ·	Apt. #, etc.			5.	Certifcate of Status Desired	T	Fee Rec		
City & State		27 City 8	k State			- 6	Election Campaign Financing		\$5.00 N	·	
23		28					Trust Fund Contribution	Ĺ	Added to	,	
Zip	Country	Zip		Country	-		This corporation owes the curr	rent year In	tangible.		
			0	Personal Property Tax.				ØYes [□No		
,	9. Name and Address of Curre	nt Registered	Agent			10.	Name and Address of New	Registered	Agent		
001	11177 MADE E			81	Name						
SCHULTZ, MARK E.			82	Street Ac	ddress (P	O. Box Number is Not Accept	able)				
6010 S. W. 98TH ST. MIAMI FL 33156						<u> </u>			:		
MIAI	MI LF 23 130			83							
				84	City				85 Zip C	ode	
								FL			
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida Suc	h change was auti	norized by	the corpora	ation's bo	pard of directors. I hereby acce	pt the appo	intment as reg	jistered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicat	de. (NOTE: R	egistered Ager	nt signature requ	ulred when re	einstating)	DATE			
12.	OFFICERS A	ND DIRECTOR		13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR		
TITLE	PST		☐ DELETE	1.1 TITLE					Change	☐ Addition	
NAME	SCHULTZ, MARK E.			1.2 NAME							
STREET ADDRESS	6010 S. W. 98TH ST.			1.3 STREET	TADDRESS		•				
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP							
TITLE	D		DELETE	2.1 TITLE					Change	Addition	
NAME	SCHULTZ, MARTHA H.			2.2 NAME							
STREET ADDRESS	6010 S.W. 98TH ST			2.3 STREET	TADORESS					1	
CITY-ST-ZIP	MIAMI FL			2.4 CITY-S	T-ZIP			 :-	Chann	☐ Addition	
TITLE	ي ي		□ DELETE	3.1 TITLE	.*				Change Change	Addition	
NAME				3.2 NAME						}	
STREET ADDRESS				3.3 STREET							
C/TY-ST-Z/P			☐ DELETE	3.4. CITY-S	ST-ZIP				☐ Change	Addition	
TITLE			□ DELETE	4.1 TITLE					□ change		
NAME				4. 2 NAME							
STREET ADDRESS					TADORESS						
CITY-ST-ZIP TITLE	<u> </u>		DELETE	4.4 CITY-S' 5.1 TITLE	1-ZIP				☐ Change	Addition	
NAME				5.2 NAME						_	
STREET ADDRESS					TADDRESS					\	
CITY-ST-ZIP				5.4 CITY-S						}	
TITLE			☐ DELETE	6.1 TITLE	+				Change	Addition	
NAME				6.2 NAME	1						

14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MARK E. SCHULTZ

4/8/99

305-324-0913

Davtime Phone #