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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #
1. Corporation Name

F24400

(6)

BILL MARTINEZ INVESTMENT CORPORATION

Principal Place of Business		Mailing Address		t immermu gera timer meurr draff angilt a	ati aibii bibii d) 31 13 11 E E	11 #1011 10#4	
633 WASHING		633 WASHINGTON AVE						
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified		PACE	
					· · · · · · · · · · · · · · · · · · ·			
2 Principal F	Place of Business	2a. Mailing Address			03/30/1981 4. FEI Number			
21	1200 01 00011000	26			1			pplied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			59-2216562			ot Applicable
22		27			5. Certificate of Status Desired			Additional equired
City & Stat	e	City & State			6. Election Campaign Financing	-	\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes or has p	aid the curre	ent year Inf	tangible
24	25		30		Personal Property Tax due Jun			No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
MARTINEZ, GUILLERMO [81] Nar								
1239 SOROLLA AVE				Street Addr	ess (P.O. Box Number is Not Accepta	hle)		
CORAL GABLES FL 33134				Olloot Maail	odo (1.0. box ivalilibe: la tvot Accepte	ible/		
			83					
]				0"				
			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 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 submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
			ida Statutas	11 . 1	12			
SIGNATURE		Tinez X	_///	700				
12.	Signature, typed or printed name of registered ag	ID DIRECTORS	Registered Agent	agnature require	d when rei/istating)	DATE	DIOCOTOR	20.121.40
TITLE	PD	DELETE	1.1 TITUE	/- -	ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	MARTINEZ, GUILLERMO	1111 Dece 12	1.2 NAME			_	Onlinge	L Addition
STREET ADDRESS	1239 SOROLI A AVE							
1	CORAL GABLES FL		1.3 STREET AL					
CITY-ST-ZIP	S	DELETE	1,4 CITY-ST- 2,1 TITLE	ZIP		—	Change	Addition
NAME	MARTINEZ, NANCY	□ bacic	•			Ł	The contraction	
	1239 SOROLLA AVE		2.2 NAME					
STREET ADDRESS			2 3 STREET AL					ļ
CITY - ST - ZIP	CORAL GABLES FL	Oct exc	2.4 CITY-ST-	ZIP			 	
TITLE		L DELETE	3.1 TITLE			L	Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET AC	DORESS				
CITY+ST-ZIP			3.4. CITY-ST-	ZIP				
TATLE		DELETE	4.1 TITLE			Ĺ	Change	☐ Addition
NAME			4. 2 NAME					1
STREET ADDRESS			4.3 STREET AD	DRESS				i

14. I hereby certify that the information supplied with this filling 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 empoyered 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 addition.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

KMUCK BEXTURED

DELETE

DELETE

£55-538-397Z

Change

Change

Addition

FILED

Jan 22 1998 8:00am

Secretary of State