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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F24400

BILL MARTINEZ INVESTMENT CORPORATION

Principal Place	e of Business	Mailing Address			,			
633 WASHINGTON AVE MIAMI BEACH FL 33139		633 WASHINGTON AVE MIAMI BEACH FL 33139		DO NOT WRITE IN T	HIS SPACE	*		
					3. Date Incorporated or Qualifed			
					03/30/1981		. 1	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			59-2216562	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	Additional equired	है
City & State	te	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	·	28			Trust Fund Contribution	Added	to Fees	
Zip "	Country	Zip	Coun	try	8. This corporation owes the current year			
24	25	[29]	30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre	ent Registered Agent		31 Name	10. Name and Address of New Register	red Agent.	·=	-=-
MAR	RTINEZ, GUILLERMO		i'	Name				
1239 SOROLLA AVE CORAL GABLES FL 33134			L		fress (P.O. Box Number is Not Acceptable)			
COR	TAL GABLES FL 33134		[33		法门翻锁		í
				34 City	न प्राप्त के स्थापन विकास विकास विकास का का का स्थापन विकास के विकास माने के विकास विकास के विकास के स्थापन के स्थ विकास के स्थापन के स	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the ab	wa-named co	orporation submits this statement for the purpose	e of changing its	registered	
	registered agent or both in the State	e of Florida. Such change was a	uthorized	ov the comors	ation's board of directors. I bereby accept the ar	pointment as re	gistered I	l
agent. 1 a	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a dens of, Section 607.0505, Florida.	uthorized rida Statul	by the corpora es.	ation's board of directors. I hereby accept the ap	opointment as re	gistered	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90043 023 ***150.00