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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93456

(4)

JOSE E. MARTINEZ, P.A.

FILED Apr 15 1997 8:00am Secretary of State



	ce of Business	Mailing Address	S						
601 BRICKELL KEY DRIVE SUITE 501 MIAMI FL 33131-2651 US		601 BRICKELL KE SUITE 501	601 BRICKELL KEY DR SUITE 501 MIAMI FL 33131-2650 US						
						3. Date Incorporated or Qualified			Report
2 Princepal I	Place of Business	2a, Mailing Add	ress			4. FEI Number	00/0		pplied For
21	THE CONTRACTOR OF THE CONTRACT	26	.000			59-2240423			lot Applicable
Suite, Apt	t #, etc.	Suite, Apt #	, etc.	······································			. [7]		Additional
2		27				5. Certificate of Status Desire	d 🔲		tequired
City & Sta	ito	Cily & State				6. Election Campaign Financi	na	\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zφ		Country		8. This corporation has liabilit	y for intangible	lax under	s. 199.032,
4	25	29	:	30		Florida Statutes	Yes [	T	
		Current Registered Agent			T	10. Name and Address of Ne	w Registered /	gent	
	rtinez, jose e.			81	Name				
601	1 Brickell Key Dr			82	Street Add	dress (P.O. Box Number is Not Acc	eptable)		
SU	ITE 501					Sol Abdiess (I.O. Dox Hullion is the Acceptable)			
MIA	VMI FL 33131			83					
		Λ		84	City		<del></del>	DE ZID	Code
		. //			1	poration submits this statement for ation's board of directors. I hereby	FL	1 1	
SIGNATURE	by about typin on the came of tigs	atted agent and by it approbable.							
			(NO.F:	: Registered Age	ent <b>s</b> ignature requ	uired when reinstating)	DATE		
12.	I OFFICE	RS AND DIR CTORS	(NOTE:	: Registered Age	ent <b>s</b> ignature requ	uired when reinstating) ADDITIONS/CHANGES TO (		DIRECTO	RS IN 12
	POT	RS AND DIR CTORS	ELETE	<u>.</u>	ent signature requ			DIRECTO  Change	
PHF	POT OFFICE MARTINEZ, JOSE E	RS AND DIR CTORS		13.	ent signature requ				
PH F NAME	PDT MARTINEZ, JOSE E 601 BRICKELL KEY DR.	RS AND DIR CTORS		13. 11 THUE					
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information indicated on this annual report or supplemental annual open is true and accurate and that my signature shall have the same legal effect as if made under oath, the Lam arrioff per 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 op an activity fine with an address.

SIGNATURE

TURY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #