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

**PROFIT** CORPORATION ANNUAL REPORT **1000** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90008 025 \*\*\*150.00

1. Corporation Name						
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MARTISUR INTERNATIONAL C	OKTOKATIO					
		•				
Principal Place of Business Mailing Address						
5100 NW 33 AVENUE 5100 NW	33 AURNULE					
BUITE 250 SUITE 29						
FT. LAUDERDALE, FL 33309 FORT. LAUDERDALE, FL			DO NOT WRITE IN THIS SPACE			
333	200	3. Date Incorporated or Qualified				
	709	4. FEI Number	T 1 A	-U-d Cau		
2. Principal Place of Business 21 5 100 NW 33 AVENUE 26 5 100 NW	23 ANPNU		<b>—</b>	oplied For of Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.	J / 150 c (	660000	\$8.75			
22 SUITE 250 27 SUITE 25	0	5. Certifcate of Status Desired	Fee Re	I		
City & State City & State		6. Election Campaign Financing	\$5.00	May Be		
23 FT LAUDER BALL, FL 28 FT. LAUBERT	SAIC FL	Trust Fund Contribution	Added t	, ,		
_ ZipCountry   - Zip	Country	8. This corporation owes the current year I	ntangibie			
24 33309 25 USA 29 33309 31	usa .	Personal Property Tax.	☐ Yes	<b>₽</b> 7№		
Name and Address of Current Registered Agent		10. Name and Address of New Registere	d Agent			
01/ 1/ 1/0. 1	81 Name					
Allen H. LIBOW	82 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·			
301 GAMATO, SUITE 4199						
JOI GAMAIO, SALLO	83					
BOCA RATON, FL 33431	84 City	F	85 Zip C	Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes,	the above-named corp	poration submits this statement for the purpose	of changing its	registered		
office or registered agent, or both, in the State of Florida. Such change was auth agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida	orized by the corporati	on's board of directors. I hereby accept the app	ointment as reg	gistered		
CIONATUDE						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. [NOTE: Re	gistered Agent signature requir				8	
Signature, typed or printed name of registered agent and title if applicable. [NOTE: Re 12. OFFICERS AND DIRECTORS	gistored Agent signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /			1/98)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re  12. OFFICERS AND DIRECTORS  TITLE DIRECTOR  DELETE	gistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	(11/98)	
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indicated on this annual report or supplied will this minig does not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. If further certify that the mornator 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR