

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 DEC -4 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H34875 (5)  
1. Corporation Name  
MARTINEZ BROS. DAIRY, INC.



Principal Place of Business: BALM RIVER ROAD, P.O. BOX 111, RIVERVIEW FL 33569  
Mailing Address: BALM RIVER ROAD, P.O. BOX 111, RIVERVIEW FL 33569

**REINSTATEMENT**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 01/01/1985  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-2475899  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  \$8.75 Additional Fee Required,  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes,  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: MARTINEZ, ALBERT JR., RHODIN ROAD, RIVERVIEW FL 33569

81 Name: William Martinez  
82 Street Address: Rhodine Rd  
83 City: River View, FL 85 Zip Code: 33569

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William Martinez (typed), William Martinez (handwritten), DATE: [blank]

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ALBERT	
STREET ADDRESS	BALM RIVER ROAD	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, WILLIAM	
STREET ADDRESS	BALM RIVER ROAD	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TX

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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\*\*\*750.00 \*\*\*750.00

14. I do 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.

SIGNATURE: [Handwritten Signature] DATE: 1/15/97 813-18-2395

CR2E034 (4/97)