

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Lorena B. Norton  
Secretary of State  
Tallahassee, Florida 32399-0001

**APPROVED  
AND  
FILED**

95 MAY 1 10 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J59790** (2)  
MARTIN, MENDEZ & ASSOCIATES, INC.

Principal Office Address: 3740 PARK CENTRAL BLVD N. POMPANO BEACH FL 33064  
Mailing Address: 3740 PARK CENTRAL BLVD. N. POMPANO BEACH FL 33064

2. Filing Office of Incorporation: 21  
2a. Mailing Address: 26  
22. Date of Report: 27  
23. City & State: 28  
24. Name of Corporation: 25  
29. City & State: 30

3. Date incorporated or qualified: 03/03/1987  
3a. Date of Last Report: 03/28/1994  
4. FID Number: 59-2814531  
5. Certificate of Status Fee: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation is liable for intangible tax under 1991 (32 Florida Statute): Yes [ ] No [X]

9. Name and Address of Current Registered Agent  
**MARTINEZ, DANIEL**  
3211 NE 40TH COURT  
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number or Post Office Box):  
83. City:  
84. State: FL 85. Zip Code:

11. If the name of the corporation is changed from the name in the Florida Statutes, this document is required to be filed by the corporation's principal registered office in the state of Florida. Such change was authorized by the corporation's board of directors, shareholders or other appropriate registered agent. I am filing this report to report the change in the name of the corporation.

12. OFFICERS AND DIRECTORS: 13. ADDITIONAL CHARITABLE OFFICERS AND DIRECTORS:

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHARITABLE OFFICERS AND DIRECTORS	
NAME: PT MARTINEZ, DANIEL	3211 NE 40TH COURT	NAME:	
ADDRESS: FT. LAUDERDALE FL		ADDRESS:	
CITY: VS		CITY:	
NAME: MENDEZ, RUBEN	5220 NE 31ST AVE.	NAME:	
ADDRESS: FT. LAUDERDALE FL		ADDRESS:	
CITY:		CITY:	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY:		CITY:	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law hereunder. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am not a director or officer of the corporation. My name is included in this report only because I am required by Chapter 203, Florida Statutes, and Chapter 204, Florida Statutes, to file this report.

SIGNATURE: *[Signature]*  
SIGNATURE OF OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 Lo 93 (305) 971-6004