

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K15663** (3)

1. Corporation Name

MART-LAND DEVELOPERS, INC.



Principal Place of Business

P.O. BOX 5139
HIALEAH FL 33014

Mailing Address

P.O. BOX 5139
HIALEAH FL 33014

3. Date Incorporated or Qualified
02/22/1988

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0035489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MARTINEZ, CARLOS M.~~
~~2033 WEST 73RD STREET~~
~~MIAMI FL 33016~~

81 Name

CARLOS M MARTINEZ

82 Street Address (P.O. Box Number is Not Acceptable)

2695 WEST 76th STREET

83

84 City

HIALEAH

FL

85 Zip Code
33016

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature: typed or printed name of registered agent and title if applicable.

CARLOS M MARTINEZ, President

4-23-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☐ DELETE

NAME ~~MARTINEZ, CARLOS M.~~

STREET ADDRESS ~~2033 W 73 ST~~

CITY-ST-ZIP ~~HIALEAH FL~~

TITLE ~~STD~~ ☐ DELETE

NAME ~~MARTINEZ, NESTOR A~~

STREET ADDRESS ~~2033 W 73 ST~~

CITY-ST-ZIP ~~HIALEAH FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

☒ Change

☐ Addition

1.2 NAME

MARTINEZ, CARLOS M

1.3 STREET ADDRESS

2695 WEST 76 STREET

1.4 CITY-ST-ZIP

HIALEAH - FL 33016

2.1 TITLE

VSTD

☒ Change

☐ Addition

2.2 NAME

MARTINEZ, NESTOR A

2.3 STREET ADDRESS

2695 WEST 76 STREET

2.4 CITY-ST-ZIP

HIALEAH - FL 33016

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS M MARTINEZ, Pres.

Date

Daytime Phone

805-556-9290

CR2E034 (12/95)