

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K97656 (8)**

1. Corporation Name
MATEO SAN MARTIN AGENCY, INC.



Principal Place of Business: **POST OFFICE BOX 527950 M/A MIAMI FL 33122 US**
Mailing Address: **3016 N.W. 79TH AVENUE P. O. BOX 527950 MIAMI FL 33122 US**

2. Principal Place of Business: **21 10248 N.W. 52 Terrace**
State, Apt. #, etc.:
22 MIAMI, FLORIDA 33178
City & State: Zip Country
23 MIAMI, FLORIDA 33152-7950
City & State: Zip Country
24 U.S.A. 25 U.S.A. 29 U.S.A. 30 U.S.A.

3. Date Incorporated or Qualified: **06/23/1989**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **65-0166896**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **MARTIN, MATEO SAN -3016 NW 79TH AVENUE -MIAMI FL 33122**
10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 10248 N.W. 52 Terrace
83
84 City: MIAMI - FLORIDA FL 85 Zip Code: 33178

11. Pursuant to the provisions of Sections 607.0202 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 provisions of, Sections 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/27/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MARTIN, MATEO SAN	12. NAME	SAN MARTIN, MATEO
STREET ADDRESS	3016 N.W. 79TH AVENUE	13. STREET ADDRESS	10248 N.W. 52 Terrace
CITY-STATE-ZIP	MIAMI-FL	14. CITY-STATE-ZIP	MIAMI - FLORIDA 33178
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 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. See attachment with an address.

SIGNATURE: *[Signature]* **MATEO SAN MARTIN** DATE: **2/27/96 (305) 591-7684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)