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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K97656

MATEO SAN MARTIN AGENCY, INC.

(8)

Mailing Address

FILED
May 07 1997 8:00am
Secretary of State



10248 N.W. 52 TERRACE MIAMI FL 33178 US		P.O. BOX 527850 Miami Fl 33152-7950 US					
					3. Date Incorporated or Qualified 06/23/1989	3a. Date of Last Report 03/20/1996	
· ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0166896	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	Crty & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country Zip Country 25 29 30			у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	Jistered Agent	
	rtin, mateo san		81	Name			
	48 N.W. 52 TERRACE IMI FL 33178		82	Street Add	dress (P.O. Box Number is Not Acceptabl	e)	
			83	· · · · · · · · · · · · · · · · · · ·			
i			84	City		FL 85 Zip Code	
Office of I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was	authorized b	v the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	reace of changing its registered	
SIGNATURE	Disease of the second of the s	29					
12.	Signature, typed or printed name of registered age OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	TE: Registered Ac	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIDECTORS IN 12	
TITLE	D	DELETE	1.1 11111		ADDITIONO/OFFANGES TO OFFIC	Change Addition	
NAME	MARTIN, MATEO SAN		1.2 NAME		· ·		
STREET ADDRESS	3016 N. W. 79TH AVENUE		1.3 STREE	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	S1 - ZIP			
TITLE		☐ DELETE	2 1 THLE		V	Change 🔼 Addition	
NAME			2.2 NAME		GLORIA PATRICIA JARAM		
STREET ADORESS			2 3 STREE		5228 N.W. 103 AVENUE		
CITY-ST-ZIP		TALL TO	2 4 CITY		MIAMI, FLORIDA 33178		
TITLE NAME		DELETE	3 1 1111.1		M	Change X Addition	
STREET ADDRESS			3.2 NAME		SILVIA E. OCHOA	ATTT 4 202	
CITY-ST-ZIP			3.4. CITY -		14927 S.W. 104 SIREET MIAMI, FLORIDA 33196	, API. 4-203	
TITLE		DELETE	4.1 101E	51-701	MIAMI, FICRILIA 33196	Change Addition	
NAME			4. 2 NAME			Onongo rabition	
STREET ADDRESS			4.3 STREE	I ADDRESS			
CITY-ST-ZIP	<u></u>		4.4 CHY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	S1 - ZIP			
TITLE		☐ DELFTE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRFF	I ADDRESS			
CITY-ST-ZIP	1		6.4 CITY -	S1 - 21P			

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 Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed or entire the corporation of the corporation with an address.

-78-97 1177-1