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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90204 037 \*\*\*150.00

7. Corporation	MENT # K97656 SAN MARTIN AGENCY, IN						
Principal Place	of Business	Mailing Address			I (#\$1\$111 all laif) india dichi atina anii a	1811 BiBti athit BiBis a	
10248 N.W. 52 TERRACE 30/6 NW P.O. BOX 527950							
M <del>IAMI FL 3317</del> 8 79H AVENUE US US							
<del>-U3 -</del>	79th AUENUE	US			DO NOT WRITE IN T	HIS SPACE	
MIAMI- FL 33/22					3. Date Incorporated or Qualifed 06/23/1989		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	· <del>   </del>	lied For
21		26		· · · · · · · · · · · · · · · · · · ·	65-0166896		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27				Fee Rec	<del></del>
City & State	θ	City & State			6. Election Campaign Financing	\$5.00_	
23		28			Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Country	f	8. This corporation owes the current year		□No
24	25		10		Personal Property Tax.  10. Name and Address of New Registe		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registe	ou Agon	
MAR	rtin, mateo san		L	"		4,-60	
10248 N.W. 52 TERRACE			82	Street Add	dress (P.O. Box Number is Not Acceptable)	c E	}
MIAMI FL 33178			83		13 N.W. 43 TELLH		·
			84	CHIF	السو	FL 85 Zip C	17B
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the obligations Signature, typed or printed name of registered age	of Florida. Such change was aut ations of, Section 607.0505, Florid	thorized by da Statutes	e-named cor the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the a	ppointment as reg	registered pistered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D DELETE		1.1 TITLE	<u> </u>		Change	Addition
NAME	MARTIN, MATEO SAN		1.2 NAME			٠	]
STREET ADDRESS	3016 N. W. 79TH AVENUE .		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP			•	. }
TITLE	V DELETE		2.1 TITLE			☐ Change	☐ Addition
NAME	JARAMILLO, GLORIA PATRICI		2.2 NAME		Ť		
STREET ADDRESS	5228 NW 103 AVE		2.3 STREET ADDRESS			ž	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP			_	}
TITLE			3.1 TITLE			Change	Addition
NAME	OCHOA, SILVIA E		3.2 NAME			•	
STREET ADDRESS	14927 SW 104 ST APT 4-203	<u> </u>	3.3 STREE	TADDRESS -	المنتشب الماليات المستنب		
CITY-ST-ZIP	MIAMI FL		3.4. C/TY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME .			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP			4.4 CITY-5	T-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	☐ DELETE		5.1 TITLE		•	Change	☐ Addition
NAME			5.2 NAME			*	
STREET ADDRESS			5.3 STREE	T ADDRESS			ţ
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE	·	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME		·		j
STORET ADDDESS			6.3 STREE	TADDRESS			]

CITY-ST-ZIP 14. 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 of the exemption of the corporation or the receiver of the 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 allocated that it is a supplementation of the corporation of the

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR