

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 # **L51571** (2)

1. Corporation Name

FRANK MARTINEZ & ASSOCIATES, INC.



Principal Place of Business

**C/O FRANK R. MARTINEZ
1505 W. FLAGLER ST.
MIAMI FL 33135
US**

Mailing Address

**C/O FRANK R. MARTINEZ
1505 W. FLAGLER ST.
MIAMI FL 33135
US**

3. Date Incorporated or Qualified
02/15/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0102741

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **2555 COLLINS AVE**

Suite, Apt. #, etc.

22 **SUITE 1910**

City & State

23 **MIAMI BEACH, FL**

Zip

24 **33140** Country

25 **U.S.A.**

2a. Mailing Address

26 **3311 SW. 94 AVE.**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI, FL**

Zip

29 **33165** Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**MARTINEZ, FRANK R.
1505 W. FLAGLER ST.
MIAMI FL 33135**

10. Name and Address of New Registered Agent

81 Name **CARLOS FERNANDEZ**

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

83 **3311 S.W. 94 AVENUE**

84 City **MIAMI**

FL

85

Zip Code **33165**

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 **CARLOS FERNANDEZ**

Signature of Registered Agent (Signature required when changing)

1/24/96

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **PD
MARTINEZ, FRANK R.
2555 COLLINS AVE 1910
MIAMI FL**

2. TITLE ☐ DELETE

NAME **SD
MARTINEZ, SAVERINA C
2555 COLLINS AVE 1910
MIAMI FL**

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1.1 NAME

1.2 STREET ADDRESS

1.3 CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition

2.1 NAME

2.2 STREET ADDRESS

2.3 CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition

3.1 NAME

3.2 STREET ADDRESS

3.3 CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

5.1 NAME

5.2 STREET ADDRESS

5.3 CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition

6.1 NAME

6.2 STREET ADDRESS

6.3 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 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, unchanged, as an attachment with an address.

SIGNATURE:

FRANK R. MARTINEZ PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(305) 553-7513

DATE

Daytime Phone #

CR2E034 (12/95)