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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L84784** (2)

1. Corporation Name

**BLANMART CORPORATION**



Principal Place of Business

**5771 N.W. 7 STREET  
MIAMI FL 3316  
US**

Mailing Address

**1006 S.W. 118CT  
MIAMI FL 33184  
US**

3. Date Incorporated or Qualified

**06/27/1990**

3a. Date of Last Report

**02/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARTINEZ, JOSE MARIA  
1006 SW 118 CT  
MIAMI FL 33184**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD MARTINEZ, JOSE MARIA**

STREET ADDRESS **1006 SW 118 CT**

CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **SD DE MARTINEZ, BLANCA N. C**

STREET ADDRESS **1006 SW 118 CT**

CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VD MARTINEZ-CASTILLO, JOSE**

STREET ADDRESS **1006 SW 118 CT**

CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **ASD MARTINEZ-CASTILLO, B.M.**

STREET ADDRESS **1006 SW 118 CT**

CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)