

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 # M66917 (9)

1. Corporation Name

WINDS OF SANTA FE, INC.

Principal Place of Business

P. O. BOX 5139  
HIALEAH FL 33014

Mailing Address

P. O. BOX 5139  
HIALEAH FL 33014



3. Date Incorporated or Qualified

02/04/1988

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0034313

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARTINEZ, CARLOS M  
2033 W. 73RD STREET  
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81

Name

CARLOS M MARTINEZ

82

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

2660 W 76th Street #107

83

84

City

Hialeah

FL

85

Zip Code

33016

11. Pursuant to the provisions of Sections 607.05(2) 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 of person named as registered agent or director

(NOTE: Registered Agent signature required when transferring)

DATE

Carlos M. Martinez

4-19-96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MARTINEZ, CARLOS M  
STREET ADDRESS 2033 W. 73RD STREET  
CITY-ST-ZIP HIALEAH FL 33016 ☐ DELETE

TITLE VSTD  
NAME MARTINEZ, MIRIAM A  
STREET ADDRESS 2033 W. 73RD STREET  
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME MARTINEZ, CARLOS M ☒ Change ☐ Addition  
1.3 STREET ADDRESS 2660 W 76th St #107  
1.4 CITY-ST-ZIP HIALEAH, FL 33016

2.1 TITLE VSTD  
2.2 NAME MARTINEZ, MIRIAM A ☒ Change ☐ Addition  
2.3 STREET ADDRESS 2660 W 76th St #107  
2.4 CITY-ST-ZIP HIALEAH, FL 33016

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS ☐ Change ☐ Addition  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS ☐ Change ☐ Addition  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS ☐ Change ☐ Addition  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS ☐ Change ☐ Addition  
6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

305-556-8400

Daytime Phone

Daytime Phone

CR2E034 (12/95)