

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:33

DOCUMENT # M77601 (6)

1. Corporation Name

CARLOS E. MARTINEZ CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

% CARLOS E. MARTINEZ
14260 SW 119 AVE
SOUTH MIAMI FL 33186-6110
US

C/O CARLOS E. MARTINEZ
14260 SW 119 AVE
MIAMI FL 33186-6110
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/22/1988 3a. Date of Last Report 01/27/1994

4. FEI Number 65-0051155 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

6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 33186-6023 25 Country

28 Zip 33186-6023 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINEZ, CARLOS E.
5975 SUNSET DR.
4129 HARDIE RD
SOUTH MIAMI FL 33133

81 Name

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

14260 SW 119 AVE

83

84 City Miami

FL

85 Zip Code 33186

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 title of corporation

(NOTE: Registered Agent Signature required when recording)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P
NAME MARTINEZ, CARLOS E.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP SOUTH MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Miami, FL 33186-6023

☒ Change ☐ Addition

2. TITLE S
NAME MARTINEZ, EMILIO F.
STREET ADDRESS 14260 SW 119 AVE
CITY-ST-ZIP SOUTH MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Miami, FL 33186-6023

☒ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(b), 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

1-24-95

(305) 233-6776