SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 JUN 18 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N29617

1. Corporation Name

MARTI ARTISTIC REPRETORY THEATER, INC.

Principal Place of Business	Mailing Address
12864 BISCAYNE BLVD. # 193 NORTH MIAMI, FL. 33181	P. O. BOX 545972

3. Date Incorporated or Qualified: 12/08/1988
3a. Date of Last Report: 08/14/1995

4. FEI Number: 65-0094545 ☐ 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	2a. Mailing Address
21 420 S.W. 8th. Ave.	26 C/O PEREZ & ASSOCIATES 1019 S.W. 67th. Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL.	28 City & State: Miami, FL.
24 Zip: 33130 25 Country: USA	29 Zip: 33144 30 Country: USA

9. Name and Address of Current Registered Agent

CUEVAS, ANTONIO
12864 BISCAYNE BLVD. #193
NORTH MIAMI, FL. 33181
USA

10. Name and Address of New Registered Agent

81 Name: CAPOTE, ALBERTO E.
82 Street Address (P.O. Box Number is Not Acceptable): C/O PEREZ & ASSOCIATES
83: 1019 S.W. 67TH. AVE.
84 City: MIAMI **FL** 85 Zip Code: 33144

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: A. E. Capote DATE: 6/14/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MONEA, ANTONIO C 12864 BISCAYNE BLVD. NORTH MIAMI, FL. 33181 USA	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIR/PRES ALBERTO E. CAPOTE 420 S.W. 8TH. AVE. MIAMI, FL. 33130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MASTELLA, ALICIA E 420 S.W. 8TH. AVE. MIAMI, FL. 33130	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DIR/VIP LUIS SABINES 1417 WEST FLAGLER STREET MIAMI, FL. 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUEVAS, DIEGO M 9200 E. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL. 33154	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DIR/SEC JOSE M. MARQUEZ 782 N.W. LE JEUNE ROAD #548 MIAMI, FL. 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DIR/TREAS MIRIAM ALFONSO 2151 S.W. 122 COURT MIAMI, FL. 33175	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	DIR MARIA C. LUQUE 8868 S.W. 9TH. TERRACE MIAMI, FL. 33174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. E. Capote 6/14/96 (305) 267-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #