

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jul 30 1997 8:00am  
Secretary of State

DOCUMENT # N29617 (0)

1. Corporation Name

MARTI ARTISTIC REPERTORY THEATER, INC.

Principal Place of Business

Mailing Address

420 S.W. 8TH AVENUE  
MIAMI FL 33130  
US

% PEREZ & ASSOCIATES  
1019 S.W. 67TH AVENUE  
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/08/1988

3a. Date of Last Report  
06/18/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o PEREZ & ASSOC.

22 City & State

27 Suite, Apt. #, etc.

28 City & State  
MIAMI FL.

23 Zip Country

29 Zip 33144 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPOTE, ALBERTO E  
% PEREZ & ASSOCIATES  
1019 S.W. 67TH AVENUE  
MIAMI FL 33144

81 Name ALBERTO E. CAPOTE

82 Street Address (P.O. Box Number is Not Acceptable)  
c/o PEREZ & ASSOC.

83 13311 SW 2 ST.

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. Capote*

7/24/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CAPOTE, ALBERTO E  
STREET ADDRESS 420 S.W. 8TH AVENUE  
CITY-ST-ZIP MIAMI FL 33130 ☐ DELETE

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

TITLE VD  
NAME SABINES, LUIS  
STREET ADDRESS 1417 W. FLAGLER STREET  
CITY-ST-ZIP MIAMI FL 33135 ☐ DELETE

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

TITLE SD  
NAME MARQUEZ, JOSE M  
STREET ADDRESS 782 N.W. LE JEUNE ROAD, #548  
CITY-ST-ZIP MIAMI FL 33126 ☐ DELETE

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

TITLE TD  
NAME MIRIAM, ALFONSO  
STREET ADDRESS 2151 S.W. 122 COURT  
CITY-ST-ZIP MIAMI FL 33175 ☐ DELETE

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

TITLE D  
NAME LUQUE, MARIA C  
STREET ADDRESS 8868 S.W. 9TH TERRACE  
CITY-ST-ZIP MIAMI FL 33174 ☒ DELETE

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

*A. Capote*

SIGNATURE REQUIRED

7/24/97

CR2E037 (4/97)