FILE NOW: FILING FEE IS \$61.25

Mailing Address

MIAMI FL 33133

37 BAY HEIGHTS DRIVE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

37 BAY HEIGHTS DRIVE

MIAMI FL 33133



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N95000001978 (4) **POCUMENT** #

DR. NESTOR MARTINEZ FOUNDATION, INC.

Second Property Tax due June 30.	23			28								L Yes	N₀		
### MARTINEZ, NESTOR DR. 37 BAY HEIGHTS DRIVE MIAMI FL 33133 ### City ### C	Zip	ļ	Country	Zip	$ \square$	Country			8. This	corporation	owes or h	as paid the	cu <u>rre</u> nt ye	ear Inte	angibl e
MARTINEZ, NESTOR DR. 37 BAY HEIGHTS DRIVE MIAMI FL 33133 11. Pursuant to the provisions of Socions 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere of agent. I are flagelier or agent. I are fl	24		 -		30						<u> </u>				No
MARTINEZ, NESTOR DR. 37 BAY HEIGHTS DRIVE MIAMI FL 33133 BAY LEIGHTS DRIVE The provisions of Sections 617,0502 and 617,1508, Florida Sitututes, the above-named corporation submits this statement for the purpose of changing its registered agent. I are floated or ground agent. I are floated or provisions of Sections 617,0502 and 617,1508, Florida Sitututes, the above-named corporation submits this statement for the purpose of changing its registered agent. I are floated or floated agent. I are floated or floated agent. I are floated or floated agent. I are floated agent. I					0. Nan	ne and Add	ress of Ne	w Register	ed Agent						
AST RAY HEIGHTS DRIVE MIAMI FL 33133 BB Silvy FL 85 Zip Code Th. Pursuant to the provisions of Soctions 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in greather may accept the appointment as registered agent in greather may accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agent in greather may accept the appointment as registered statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS IN 12. TITLE O D DELETE 11. TITLE O D D DELETE 22. MAKE NARTINES, RUSZ 37. BAY HEIGHTS DRIVE MARTINES, LUZ 37. BAY HEIGHTS DRIVE MARTINEZ, NESTOR J SIRRET ADDRESS CITY-S1-ZIP MAME MARTINEZ, NESTOR J SIRRET ADDRESS CITY-S1-ZIP DELETE 1. TITLE O Change Addition MARTINEZ, LOSE M MARTINEZ, JOSE M MARTINE		81	Name	10											
Addition of the provisions of Soctions 617.0502 and 617.1508. Florida. Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agopt. or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agont in a flags that make a great part of the purpose of changing its registered agont in a flags that the provisions of Soctions 617.0502 and 617.1508. Florida Statutas agont in a flags that make a great part of the purpose of changing its registered agont in a flags that the provisions of Soctions 617.0502 and 617.0502. Florida Statutas agont in a flags that the provisions of Soctions 617.0502 and 617.0502. Florida Statutas agont is a flags that the provisions of Soctions 617.0502 and 617.0502. Florida Statutas agont is a flags that the corporation's board of directors. I hereby accept the appointment as registered agont agont and the corporation's board of directors. I hereby accept the appointment as registered agont agon	MARTINEZ, NESTOR DR.							et Address	(P.O. B	ox Number	is Not Acc	eptable)			
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TITLE	Signature (specific printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) / DATE /														
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V. VIII V. SI	CITY-ST-ZIP				6	4 CITY-ST	-ZIP								
14. I 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, pt on an attachment with an address.	Indicatéd	on this annua	al report or supplemental a corporation or the rece	l annual report is true and iver or trustee amnowered	accurate	and tha	ıt my si	signature s	hall hav	e the same	legal effec	t as if made	under oa	ith; tha	t I am an

SIGNATURE:

FILED Jun 05 1998 8:00am Secretary of State

7. Is this nonprofit corporation a homeowners association?

3. Date Incorporated or Qualified

04/24/1995

65-0583041

5. Certificate of Status Desired

8. Election Campaign Financing Trust Fund Contribution

4. FEI Number

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable