

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001978

1. Corporation Name:

DR. NESTOR MARTINEZ FOUNDATION, INC.

Principal Place of Business

37 BAY HEIGHTS DRIVE
MIAMI FL 33133

Mailing Address

37 BAY HEIGHTS DRIVE
MIAMI FL 33133

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90017 031 ****61.25

07-14-1999 90017 032 *****8.75



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/24/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0583041	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		29		30	

9. Name and Address of Current Registered Agent

MARTINEZ, NESTOR DR.
37 BAY HEIGHTS DRIVE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81	Name	LUZ MARTINEZ	
82	Street Address (P.O. Box Number is Not Acceptable)	37 BAY HEIGHTS DRIVE	
83			
84	City	MIAMI	FL
85	Zip Code	33133	

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

[Signature] DIRECTOR LUZ MARTINEZ 7-1-99

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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, NESTOR DR.			1.2 NAME			
STREET ADDRESS	37 BAY HEIGHTS DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, LUZ			2.2 NAME	D MARTINEZ, LUZ		
STREET ADDRESS	37 BAY HEIGHTS DRIVE			2.3 STREET ADDRESS	37 BAY HEIGHTS DRIVE		
CITY-ST-ZIP	MIAMI FL 33133			2.4 CITY-ST-ZIP	MIAMI, FL 33133		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, NESTOR J			3.2 NAME			
STREET ADDRESS	410 NORTH WEST 199TH AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33029			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, JOSE M			4.2 NAME	D MARTINEZ, JOSE M		
STREET ADDRESS	516 MAJORCA AVENUE			4.3 STREET ADDRESS	1617 MADRID ST.		
CITY-ST-ZIP	CORAL GABLES FL 33134			4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINEZ, ANA			5.2 NAME			
STREET ADDRESS	37 BAY HEIGHTS DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARTINEZ 7/1/99 (305) 854-8885

CR2E037 (5/99)

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