2003 FOR PROFIT CORPORATION

FILED Apr 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000113297 **DOCUMENT #** 1. Entity Name 04-17-2003 90122 011 ***150.00 MARTECH INDUSTRIES INC. Principal Place of Business Mailing Address 13607 CORAL WAY 13607 CORAL WAY MIAMI FL 33175 **MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. THE CHECK HERE IF MAKING CHANGES Applied For City & State City & State 26-0000263 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7:-Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent MARRERO, JUAN A Street Address (P.O. Box Number is Not Acceptable) 12301 SW 76 ST MIAMI FL 33183 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept "Myobligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE Change MARRERO, JUAN F NAME NAME 14328 S.W. 14TH ST STREET ADDRESS STREET ADDRESS MIAMI`FL 33184 CITY-ST-ZIP CITY-ST-ZIP TITLE PSD Delete TITLE Change ☐ Addition MARRERO, JUAN A NAME NAME 12301 SW 76TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33183 --CITY-ST-ZIP. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 report or supplemental 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 10 or Block 11 if changed, or on an attac

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

☐ Delete

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR TO SCHOOL Date Date Daytime Phone #

Change

☐ Addition