**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200003745

1. Corporation Name

FERRO MARTINA, INC.

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90171 002 \*\*\*150.00



|   |  |  |               |                    |  | <b>4188</b>                  | Bibbi bill ibbi                       |  |
|---|--|--|---------------|--------------------|--|------------------------------|---------------------------------------|--|
| Principal Place of Business Mailing Address                     |  |  |               |                    |  |                              |                                       |  |
| 9810 SW 87TH AVE 9810 SW 87TH AVE MIAMI FL 33176 MIAMI FL 33176 |  |  |               |                    |  |                              |                                       |  |
| ļ   |  |  |               |                    | DO NOT WRITE IN THIS   | SPACE                        |                                       |  |
|   |  |  |               |                    | 3. Date Incorporated or Qualifed 11/12/1992  |                              |                                       |  |
| 2. Principal P  | lace of Business                                 | 2a. Mailing Address  |               |                    | 4. FEI Number  | Ar                           | oplied For                            |  |
| 21  | 26   |  |               |                    | 65-04314 <u>6</u> 3  | No                           | ot Applicable                         |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27                      |  |  |               |                    | 5. Certificate of Status Desired   |                              |                                       |  |
|   | City & State City & State                        |  |               |                    | 6. Election Campaign Financing   | \$5.00                       | May Be                                |  |
| 23  | 28   |  |               |                    | Trust Fund Contribution  |                              | to Fees                               |  |
| Zip   |  |  | Country       |                    | 8. This corporation owes the current year Inta   | angible                      |                                       |  |
| 24  | 25   | 29 30  | 3             |                    | Personal Property Tax.   | Yes                          | □No                                   |  |
|   | 9. Name and Address of Curr                      | <del></del>  |               |                    | 10. Name and Address of New Registered   | Agent                        |                                       |  |
|   | 3  |  | 81            | Name               |  |                              |                                       |  |
| FERRO, DIANA M  |  |  |               |                    |  |                              |                                       |  |
| 9810 S.W. 87 AVE<br>MIAMI FL 33176                              |  |  | 82            | Street Add         | Address (P.O. Box Number is Not Acceptable)  |                              |                                       |  |
| MIAN  | MI FL 331/0                                      |  | 83            |                    |  | <del></del>                  |                                       |  |
|   |  |  | 84            |                    | FL_  |                              | Code                                  |  |
| l office or r   | egistered agent, or both, in the Stat            | 502 and 607.1508, Florida Statutes,<br>te of Florida. Such change was auth<br>gations of, Section 607.0505, Florid | iorized by    | the corpora        | rporation submits this statement for the purpose of<br>tion's board of directors. I hereby accept the appoin | changing its<br>itment as re | registered<br>egistered               |  |
| SIGNATURE   | Signature, typed or printed name of registered a | gent and title if applicable. (NOTE: Re  | gistered Ager | nt signature requi | ired when reinstating) DATE  |                              |                                       |  |
| 12.   |  | AND DIRECTORS  | 13.           |                    | ADDITIONS/CHANGES TO OFFICERS AN   | D DIRECTO                    | ORS IN 12                             |  |
| TITLE   | DPT  | ☐ DELETE   | 1.1 TITLE     |                    |  | Change                       | Addition                              |  |
| NAME  | FERRO, EDUARDO                                   |  | 1.2 NAME      |                    |  |                              |                                       |  |
| STREET ADDRESS  | 9810 SW 87TH AVE                                 |  | 1.3 STREET    | TANDERESS          |  |                              |                                       |  |
| l l   | MIAMI FL 33176                                   | I  | 1.4 CITY-S    | l                  |  |                              |                                       |  |
| CITY-ST-ZIP   | DVS  | ☐ DELETE   | 2.1 TITLE     | 1-21               |  | Change                       | Addition                              |  |
|   | FERRO, DIANA M                                   |  | 2.2 NAME      |                    |  |                              | <u> </u>                              |  |
| NAME  | -  |  | 1             |                    |  |                              | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |
| STREET ADDRESS  | 9810 SW 87TH AVE                                 |  | 2.3 STREE     |                    |  |                              | [                                     |  |
| CITY-ST-ZIP   |  |  | 2.4 CITY-5    | T-ZIP              |  | Change                       | Addition                              |  |
| TITLE   | •  | C) occese  | 3.1 TITLE     |                    |  | ☐ onunge                     |                                       |  |
| NAME  |  |  | 3.2 NAME      | _                  |  |                              |                                       |  |
| STREET ADDRESS  |  |  | 3.3 STREET    |                    |  |                              |                                       |  |
| CITY-ST-ZIP   |  |  | 3.4. CITY- S  | ST-ZIP             |  | []Chanca                     | Addition                              |  |
| TITLE   |  | ☐ DELETE   | 4.1 TITLE     |                    |  | Change                       |                                       |  |
| NAME  |  |  | 4. 2 NAME     | 1                  |  |                              |                                       |  |
| STREET ADDRESS  |  |  | 4.3 STREE     | TADDRESS           |  |                              |                                       |  |
| CITY-ST-ZIP   |  |  | 4.4 CITY-S    | T-ZIP              |  |                              |                                       |  |
| TITLE   |  | ☐ DELETE   | 5.1 TITLE     | 1                  |  | Change                       | ☐ Addition }                          |  |
| NAME  |  |  | 5.2 NAME      |                    | •  |                              |                                       |  |
| STREET ADDRESS  | (  |  | 5.3 STREET    | ADDRESS            |  |                              |                                       |  |
| CITY-ST-ZIP   |  |  | 5.4 C/TY-S    | T-ZIP              |  |                              |                                       |  |
| TITLE   |  | ☐ DELETE   | 6.1 TITLE     |                    |  | Change                       | Addition                              |  |
| NAME  | {  |  | 6.2 NAME      |                    |  |                              |                                       |  |
| STREET ADDRESS.   |  |  | 6.3 STREET    | TADDRESS           |  |                              | l                                     |  |
| OIRCEINDURESS   | <b>{</b>   |  | 6 A CITY S    |                    |  |                              |                                       |  |

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 exporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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: