

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF REVENUE
TAMARA B. WATKINS
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 24 PM 12:50

DOCUMENT # P93000014652 (0)

1. Corporation Name

MARTELHOOF, INC.

Principal Place of Business

7930 NW 36 ST.
BAY 23
MIAMI FL 33166

Mailing Address

7930 NW 36 ST.
BAY 23
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/26/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0405992

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOS-RUSSO, VILMA E
7930 N.W. 36 STREET,
BAY 23
MIAMI FL 33166

81

Name
VILMA E. HOOS - RUSSO

82

Street Address (P.O. Box Number is Not Acceptable)

6981 SW 53 LN

83

84

City

MIAMI

FL

85

Zip Code

33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Vilma E. Hoos - Russo

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

(NOTE: Registered Agent signature required when reappointing)

DATE

5/15/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD
HOOS-RUSSO, VILMA E
6981 SW 53 LN
MIAMI FL 33155

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPSD
RUSSO, JUAN
6981 SW 53 LN
MIAMI FL 33155

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VTD
RUSSO, VILMA
6981 SW 53 LN
MIAMI FL 33155

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
SIGARRETA, INGRID
1051 EUCLID AVE APT 209
MIAMI BEACH FL 33139

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PTD
HOOS-RUSSO, VILMA E
6981 SW 53 LN
MIAMI FL 33155

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VPSD
RUSSO, JUAN
6981 SW 53 LN
MIAMI FL 33155

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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; that the receiver or person 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 in an attachment with an address.

SIGNATURE:

Juan Russo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 (305) 591-1554

Date

Signature Number