

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P93000017374 (8)
 1. Corporation Name:
EUGENIO MARTINEZ-HUET, INC.



Principal Place of Business 9572 SW 57 ST MIAMI FL 33173 US	Mailing Address 9572 SW 57TH ST MIAMI FL 33173-1504 US
---	--

3. Date Incorporated or Qualified 03/08/1993	3a. Date of Last Report 04/15/1996
--	--

21. Principal Place of Business 526 W. 50th ST.	22. Suite, Apt. #, etc.	2a. Mailing Address 526 W. 50th ST	2b. Suite, Apt. #, etc.
23. City & State MIAMI BEACH, FL	24. Zip 33140	25. Country DADE	26. City & State MIAMI BEACH, FL
27. Zip 33140	28. Country DADE	29. City & State MIAMI BEACH, FL	30. Zip 33140
31. Country DADE	32. City & State MIAMI BEACH, FL	33. Zip 33140	34. Country DADE

4. FEI Number 65-0397681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTINEZ-HUET, EUGENIO 9572 SW 57 ST MIAMI FL 33173	
---	--

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE MARTINEZ-HUET, EUGENIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ-HUET, EUGENIO		1.2 NAME	
STREET ADDRESS 4940 S.W. 82ND AVE		1.3 STREET ADDRESS 526 W. 50th ST.	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:  **EUGENIO MARTINEZ** **3.11.97 305-869-7626**
 SIGNATURE AND CAPTION OF CURRENT SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)