

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000081209 (7)**

1. Corporation Name

GRACIA MARTINEZ & ASSOCIATES, INC.



Principal Place of Business

**2222 PONCE DE LEON BLVD
SUITE 502
CORAL GABLES FL 33134
US**

Mailing Address

**2222 PONCE DE LEON BLVD
SUITE 502
CORAL GABLES FL 33134
US**

2. Principal Place of Business

21 **269 Giralda Avenue**

State, Apt. #, etc.

22 **Suite 302**

City & State

23 **Coral Gables, FL**

Zip

24 **33134**

Country

25 **USA**

2a. Mailing Address

26 **269 Giralda Avenue**

State, Apt. #, etc.

27 **Suite 302**

City & State

28 **Coral Gables, FL**

Zip

29 **33134**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**GRACIA, ELIBERTO J. JR
13020 SW 95 AVE
MIAMI FL 33176**

3. Date Incorporated or Qualified

11/24/1993

3a. Date of Last Report

01/24/1995

4. FEI Number

65-0450197

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

10. Name and Address of New Registered Agent

81 Name

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

6855 S. W. 120 Street

83

84

**City
Miami**

FL

85

**Zip Code
33156**

11. Pursuant to the provisions of Chapter 607, Part I, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, and that the State of Florida is hereby notified. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and have knowledge of, the corporation's business.

SIGNATURE

Eliberto J. Gracia, Jr.

12.

OFFICERS AND DIRECTORS

TITLE

**DPS
GRACIA, ELIBERTO J JR
% 224 S COCONUT LN
MIAMI BEACH FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**DVPT
MARTINEZ, ARIEL
15379 SW 57 ST
MIAMI FL**

☐ DELETE

NAME

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CITY, ST, ZIP

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

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