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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039177

1. Corporation Name

ROBERT AND MARTINA'S SERVICES, INC.

Principal Place of Business 20340 NE 15TH CT. BAY 119 NORTH MIAMI FL 33179 Mailing Address

803 N. 32ND AVE. NORTH MIAMI FL 33021

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90230 009 ***150.00



US	US				DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed 05/25/1994		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 2205	5 SW. ST MAUE	26 SAME.			65-0495048		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	• -	5 Additional Required
City & State City & State					6. Election Campaign Financing	\$5.0	0 мау Ве
23 HOLLYWOOD FL. 28					Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Inta	angible	
24 720	or 🖂 UŚA	29 30	آ آ		Personal Property Tax.	∐ Yes	XNο
<u>موںر ر احم</u>	9. Name and Address of Current		1		10. Name and Address of New Registered	Agent	
			81	Name			
Baranowski, Robert							
20340 NE 15TH COURT; BAY 119				Street Add	dress (P.O. Box Number is Not Acceptable)		
NORTH MIAMI FL 33179							
			83	l			
:			84	City	FL	85 Z	ip Code
office or n agent. I an	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florida ons of, Section 607.0505, Florida	orized by a Statutes	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	itment as	registered
	Signature, typed or printed name of registered agent			nt signature requir	red when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	
TITLE	D	☐ DELETE	1.1 TITLE			∐ Criang	je 🔲 Addition
NAME	Baranowski, Robert	İ	1.2 NAME				
STREET ADDRESS	803 NORTH 32 AVE.		1.3 STREE	TADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-S	T-ZiP			
TITLE	D	☐ DELETE	2.1 TTLE			Chang	ge 🗌 Addition
NAME -	-BARANOWSKI,-MARTINA	-	2.2 NAME				
STREET ADDRESS	803 NORTH 32 AVE.		2.3 STREE	TADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-5				
TITLE		☐ DELETE	3.1 TITLE			Chang	ge Addition
NAME		_	3.2 NAME				
lll			•	TADDRESS			
STREET ADDRESS			1				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S	DI-ZIP		Chang	ge
title (ľ			-
NAME			4. 2 NAME				
STREET ADDRESS	į		L	TADDRESS			
CITY-ST-ZIP		CORPORE	4.4 CITY-S	II-ZIP		Chang	ge
TITLE		☐ DELETE	5.1 TITLE			- Outsil	A Magniou
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Chan	ge 🔲 Addition
NAME .			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
			6.4 CITY- S	iT-ZIP			
CITY-ST-ZIP	(

14. 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 on an abachment with an address, with all other like empowered.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25/99 954-962-093 Date 954-962-093 .CR2E034 (11/98)