

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$370)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:01

DOCUMENT # P94000039728 (8)

1. Corporation Name
NED & MARTHA, INC.

Principal Place of Business: **6541 SHERMAN STREET HOLLYWOOD FL 33024**
 Mailing Address: **6541 SHERMAN STREET HOLLYWOOD FL 33024**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/26/1994** 3a. Date of Last Report

4. FEI Number: **65-0195428** 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.: **22** Suite, Apt. #, etc.: **27**
 City & State: **23** City & State: **28**
 Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
ARVESU, MANUEL M
2000 S. DIXIE HWY.
SUITE 101
MIAMI FL 33133

10. Name and Address of New Registered Agent
 81 Name: **MANUEL M. ARVESU**
 82 Street Address (P.O. Box Number is Not Acceptable): **2000 S. DIXIE HWY**
 83 **Suite 200**
 84 City: **Miami** FL 85 Zip Code: **33133**

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: *[Signature]* DATE: **6/06/95**
(Signature, typed or printed name of registered agent and tax # applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALDWELL, EDWARD E
STREET ADDRESS	6541 SHERMAN STREET
CITY - ST - ZIP	HOLLYWOOD FL 33024
TITLE	D
NAME	ABREU, MARTHA D
STREET ADDRESS	6541 SHERMAN STREET
CITY - ST - ZIP	HOLLYWOOD FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	DIRECTOR, PRESIDENT & Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	DIRECTOR, Treas. & Sec. & Change <input type="checkbox"/> Addition
2 2 NAME	MARTHA D. CALDWELL
2 3 STREET ADDRESS	6541 Sherman St.
2 4 CITY - ST - ZIP	HOLLYWOOD FL 33024
3 1 TITLE	
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

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)(k), 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 attachment with an address.

SIGNATURE: *[Signature]* **EDWARD E. CALDWELL** Date: **6/6/94** **448-5357**
(Signature and typed or printed name of signing officer or director)

CFR2034 (3/95)