


FILED

Feb 27 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 # P94000066005 (7)			
1. Corporation Name MARTIN, BATISTA & LOPEZ, P.A.			
Principal Place of Business 255 ALHAMBRA CIR. #380 CORAL GABLES FL 33134		Mailing Address 255 ALHAMBRA CIR. #380 CORAL GABLES FL 33134-7402	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
g. Name and Address of Current Registered Agent			
MARTIN, FELIX J ESQ. 255 ALHAMBRA CIR. REET STE. 105 SUITE 420 CORAL GABLES FL 33134			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE D <input type="checkbox"/> DELETE NAME LOPEZ, LAZARO J ESQ. STREET ADDRESS 1840 WEST 49TH STREET STE. 105 CITY - ST - ZIP HIALEAH FL 33012		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE D <input type="checkbox"/> DELETE NAME MARTIN, FELIX J ESQ. STREET ADDRESS 1840 WEST 49TH STREET STE. 105 CITY - ST - ZIP HIALEAH FL 33012		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE D <input type="checkbox"/> DELETE NAME BATISTA, RHADAMES C ESQ. STREET ADDRESS 1840 WEST 49TH STREET STE. 105 CITY - ST - ZIP HIALEAH FL 33012		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed or on an attachment with an address.			
SIGNATURE _____ LAZARO LOPEZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			