

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000016702 (9)

1. Corporation Name

A.C. MARTINS, INC.



Principal Place of Business

600 NE 36 ST
SUITE 1402
MIAMI FL 33137

Mailing Address

600 NE 36 ST
SUITE 1402
MIAMI FL 33137

3. Date Incorporated or Qualified
02/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 168 SE 1ST STREET

2a. Mailing Address

26 168 SE 1ST STREET

4. FEI Number

65-0561714

Applied For

Not Applicable

Suite, Apt. #, etc.

22 # 600

Suite, Apt. #, etc.

27 # 600

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Miami, FL

City & State

28 Miami, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33131

Country

25 U.S.A.

Zip

29 33131

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINS, ANTONIO C
600 NE 36 ST
SUITE 1402
MIAMI FL 33137

81 Name

MARTINS, Antonio C

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

1717 N. BAYSHORE DR

83

1151

84 City

Miami

FL

85 Zip Code

33132

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARTINS, ANTONIO C
STREET ADDRESS 600 NE 36 ST SUITE 1402
CITY - ST - ZIP MIAMI FL 33137 ☒ DELETE

TITLE D
NAME MARTINS, ANA C
STREET ADDRESS 600 NE 36 ST SUITE 1402
CITY - ST - ZIP MIAMI FL 33137 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME MARTINS, ANTONIO C.
1.3 STREET ADDRESS 1717 N. BAYSHORE DR # 1151
1.4 CITY - ST - ZIP MIAMI, FL 33132 ☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME MARTINS, ANA C.
2.3 STREET ADDRESS 1717 N. BAYSHORE DR # 1151
2.4 CITY - ST - ZIP MIAMI FL 33132 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 ANALYZED BY: [Signature] DATE: 2/28/96

DATE: 2/28/96 305-441-3323

CR2E034 (12/95)