## 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 # P95000032620

EOOIO WINITHIA OOM			
Principal Place of Business	Mailing Address	_	
12993 SW 112TH ST MIAMI FL 33186	12993 SW 112TH ST MIAMI FL 33186		

## Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90031 020 \*\*\*150.00

LOUIS MARTIN CORP.			
	,		
Principal Place of Business	Mailing Address		I SORYKEOT HOU TAIAY TIYIN BANK BOTH OBIN DOLAH NAHO HAKE DIAH KIDA ADAN LODA
•	12993 SW 112TH ST		
	VIAMI FL 33186		DO NOT WRITE IN THE SPACE
U\$ U	JS		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
			04/26/1995
Principal Place of Business     2	a. Mailing Address	<del></del>	4. FEI Number Applied For
		·	65-0605719 Not Applicable
21 26 Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del> </del>	\$8.75 Additional
22	¬ ' ' '		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May 8e
23 28	3		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible
24 25 29	3	0	Personal Property Tax.
g. Name and Address of Current Reg	sistered Agent	<u> </u>	10. Name and Address of New Registered Agent
DELLACA & ACCOC DA FELLA	E PIANELLI	81 Name	FELIPE PIANELLI, CPA.
10680 SW 112 PLACE	C FIMNELLI	82 Street Add	Iress (P.O. Box Number is Not Acceptable)
STE 101-		83	770-4 NW 101 WCC.
MIAMI EL 33176			Him
		84 City	Miami FL 85 Zip Code 33/72
11. Pursuant to the provisions of Sections 607.0502 and	607.1508, Florida Statutes	, the above-named corr	poration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Fio agent, 1 am familiar with; and accept the obligations	of, Section 607.0505, Florid	nonzed by the corporati la Statutes.	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE			
Signature, typed or printed name of registered agent and to	tie /f apolicable. (NOTE: F	tegistered Agent signature require	red when reinstating) DATE
12. OFFICERS AND DIF	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P		13. 1.1 TITLE	
TITLE P NAME RATON, LOUIS M	RECTORS	13. 1.1 T/TLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME RATON, LOUIS M STREET ADDRESS 16940 SW 147TH CT	RECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITILE NAME STREET ADDRESS CITY-ST-ZIP P RATON, LOUIS M 16940 SW 147TH CT MIAMI FL 33187	RECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P RATON, LOUIS M STREET ADDRESS CITY-ST-ZIP MIAMI FL 33187	RECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
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14. I 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR