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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000077982 (3)

1. Corporation Name

CARLOS M. MARTINEZ DENTIST, INC.

Principal Place of Business

10550 NW 77 COURT #207
HIALEAH FL 33016

Mailing Address

10550 NW 77 COURT #207
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1995

4. FEI Number

65-0613271

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 17421 SW 18 ST

Suite, Apt. #, etc.

22

City & State

23 MIRAMAR, FL

Zip

24 33029

Country

25 BRUNARD

2a. Mailing Address

26 17421 SW 18 ST

Suite, Apt. #, etc.

27

City & State

28 MIRAMAR, FL

Zip

29 33029

Country

30 BRUNARD

9. Name and Address of Current Registered Agent

MARTINEZ, CARLOS M
10550 NW 77 COURT #207
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 PTD ☐ DELETE

NAME MARTINEZ, CARLOS M
STREET ADDRESS 3095 NE STREET
CITY-ST-ZIP SAN BERNARDINO CA 92405

TITLE VSD ☐ DELETE

NAME MARTINEZ, SARA
STREET ADDRESS 3095 NE STREET
CITY-ST-ZIP SAN BERNARDINO CA 94205

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 17421 SW 18 ST.
14 CITY-ST-ZIP MIRAMAR, FL 33029

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 17421 SW 18 ST.
24 CITY-ST-ZIP MIRAMAR, FL 33029

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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.

SIGNATURE *Carlos Martinez* 11/15/98 825-3537

CR2E034 (10/97)