FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087096 (0)

MARTY'S ENTERPRISES, INC.

SIGNATURE:

Principal Place of Business Mailing Address									
	PA 0040040								
						11/14/1995			leport
ı	Place of Business								pplied For
Suite, Apl	1 # ptc	Suite, Apt. #, etc.				<u> </u>			ot Applicable Additional
22	<i>n</i> , o.c	27	·			5. Certificate of Status Desired	×	7 · -	equired
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fer			
23 ∫ Zip	Country	Zip	Cou	untry		8. This corporation has liability for			
24	25	29	30	·			Yes [
	9. Name and Address of Currer	t Registered Agent		Ι.,		10. Name and Address of New Re	gistered A	gent	
CAI	rlos martinez			B1	Name				
3810 OKLAHOMA AVE				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
TAN	MPA FL 33816			B3					···
				63					
				84	City	,	FL	85 Zip	Code
office or	rreg stored agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorize Torida Sta	ed by itutes	the corporat	oration submits this statement for the pion's board of directors. I hereby accepted when reinstating)	of the appoint	intment as	registered
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 T	ITLE				Change	Addition
NAME	MARTINEZ, CARLOS		1.2 N	IAME					
STREET ADORESS	,		1.3 S	TREET	address				
CHY-\$1-20	TAMPA FL 33616		1.4 0	HTY-S	r-ZIP				
TITLE	STD	☐ DELETE	2.1 T					Change	Addition
NAME	MARTINEZ, UN SUK		1	lame					
STREET APORESS					ADDRESS				
CITY ST ZIF	TAMPA FL 33616	DELETE	2.40 31 T	CITY-S	T-ZIP			Change	Addition
T-TLE NAME		[_] State	1	IAME				CT Augusto	
NAME STREET ADDRESS					ADDRESS				
CITY - ST- ZIP	,			CITY-S	1				
THUF		DELETE	4.1 T				 	Change	Addition
NAME			4.21	NAME					
STREET ADDRESS	S		4.3 S	STREET	ADDRESS				
CITY - ST - ZIP			4.4 0	CITY-S	T-ZIP			· · · · · · · · · · · · · · · · · · ·	
THUE		DELETE	5.1 T	ITLE				Change	Modition
NAME				IAME	İ				
STREET ADDRESS			5.3 9	TREET	ADORESS				
CITY ST-ZIP		TARIPE		CITY-S	T-ZIP			Chesse	[] Addition
Title	1	DELETE	6.1 7					Change	LT Addition
NAME	. 1			NAME	1000000				
STREET ADDRESS	`				ADORESS				
14. Ldo ber	hy certify that the information supplie	d with this filing does not gue	alify for the	CITY-S e exe	motion stated	d in Section 119.07(3)(i), Florida Statute	s. I further	certify that	t the
informát Lam an	tion indicated on this annual report or officer or director of the corporation o s in Block 12 or Block 13 if changed c	supplemental annual report is rithe receiver or trustee empo	s true and owered to	exec	rate and hai ute this repor	t my signature shall have the same legant as required by Chapter 607, Florida s	al effect as Statutes; a	if made ur nd that my	nder oath; tha name