

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000088906 (9)**

1. Corporation Name
VICTOR A. MARTINEZ, P.A.



Principal Place of Business: **8275 WEST 12TH AVENUE #F HIALEAH FL 33014**
Mailing Address: **8275 WEST 12TH AVENUE #F HIALEAH FL 33014**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Country
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country

3. Date Incorporated or Qualified: **11/20/1995**
3a. Date of Last Report
4. FEI Number: **65-0627293**
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~FILINGS, INC.~~
~~3732 N.W. 16TH STREET~~
~~FORT LAUDERDALE FL 33311~~

10. Name and Address of New Registered Agent
81 Name: **VICTOR A. MARTINEZ**
82 Street Address (P.O. Box Number is Not Acceptable): **8275 W 12 AVE #F**
83
84 City: **HIALEAH** FL 85 Zip Code: **33014**

11. Pursuant to the provisions of Sections 607.02(2) 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, to 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 607.05, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-1-96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MARTINEZ, VICTOR A | |
| STREET ADDRESS | 8275 WEST 12TH AVENUE #F | |
| CITY-STATE-ZIP | HIALEAH FL 33014 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P/S/T/D Change Addition

| | | |
|--------------------|--|---|
| 1. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | | |
| 3. STREET ADDRESS | | |
| 4. CITY-STATE-ZIP | | |
| 5. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | | |
| 7. STREET ADDRESS | | |
| 8. CITY-STATE-ZIP | | |
| 9. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | |
| 11. STREET ADDRESS | | |
| 12. CITY-STATE-ZIP | | |
| 13. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY-STATE-ZIP | | |

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 registered agent or a person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as required, or in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-1-96** OFFICE # PHONE: **305-822-4454**

CRE034 (12/95)