Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90134 009 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094789

MARTIN	A. D. YABOR & ASSOCIAT	es, inc.								
Principal Flac	e of Business	Mailing Address				\dashv	1 (VIII) FIN 19191 DIELE PUILLE	10141 0 0411 8 01	13 18111 610 11 1 486 1 1	ibing isli issi
12124 SW 131ST AVE 12124 SW 131ST AVE MIAMI FL 33186 MIAMI FL 33186							DO NOT WF	NTC IN TH	IC SDACE	
						-	Date Incorporated or Qualifec		IS SPACE	
						1	01/01/1996	1		
2. Principal Place of Business 2a. Mailing Address							FEI Number		- Api	lied For
21		26			"	65-0732623			Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.							\$8.75 A	dditional
22		27				5.	Certificate of Status Desired	X	Fee Re	quired
City & Star	te	City & State				6.	Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		untry			This corporation owes the cu	rrent year I		-7
24	25	29	30				Personal Property Tax.			□ No
	9. Name and Address of Curren	Registered Agent		81	Nama -	10.	Name and Address of New	Register	a Agent	· -
PINI	DER, LOURDES V			°'	Name					
	15 SW 88TH ST			82	Street Add	ress (P	O. Box Number is Not Accep	table)		
			02							
171074	MI FL 33186			83						
				84	City			F	85 Zip C	ode
	to the provisions of Sections 607.050			11				•		agistarad
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	authorize	d by 1	the corporation	ion's bo	pard of directors. I hereby acce	ept the app	ointment as reg	jistered
SIGNATUFE	Signature, typed or printed name of registered agei	nt and title if applicable. (NO	T €; Registere	d Agent	signature require	red when re	einstating)	DATE		
12.	_ 	II) DIRECTORS	13.			,	ADDITIONS/CHANGES TO O	FFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 T	m.e					Change	Addition
NAME	DIAZ-YABOR, MARTIN A		1.2 N	1.2 NAME						
STREET ADDRESS	11794 D.W. 100TH STREET	11794 D.W. 100TH STREET		TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186		1.4 (1.4 CITY-ST-ZIP						
TITLE	VPD	☐ DELETE	2.1 7	TLE					☐ Change	☐ Addition
NAME	DIAZ, MARTIN A		2.2 N	AME						
STREET ADDRESS	11500 S.W. 95TH STREET		2.3 5	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176			2. 4 CITY-ST-ZIP						
TITLE	STD	☐ DELETE	3.17	TILE					Change	Addition
NAME	YABOR DE DIAZ, LOURDES		3.2 N	IAME						
STREET ADORE 3S	11500 S.W. 95TH STREET		3.3 9	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176		3.4.	CITY-S	T-ZIP					
TITLE		☐ DELETE	4.11	TTLE					☐ Change	Addition
NAME			4. 2	VAME						
STREET ADDRE 3S			4.3 5	TREET	ADDRESS					
CITY-ST-ZIP			4.4 (TY-ST	-ZIP					
TITLE		☐ DELETE	5.1 TITLE						Change	Addition
NAME			5.2 N	AME						
STREET ADDRESS	i				ADDRESS					
CITY-ST-ZIP				TY-ST	-ZIP					
TITLE		☐ DELETE		ITLE					Change	☐ Addition
NAME				IAME	İ					
CTREET ADDOCUO	J		6.3 5	TREET	ADDRESS					1

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 a light empowered.