

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90054 029 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # P96000054844  
 1. Corporation Name ROLAND J. MARTINEZ, P.A.

Principal Place of Business  
 1102 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33134

Mailing Address  
 same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6-27-96

4. FEI Number  
65-0691490

Applied For  
 Not Applicable

2. Principal Place of Business  
 21 1102 Ponce de Leon Blvd.

2a. Mailing Address  
 26 same

22 Suite, Apt. #, etc.  
 23 Coral Gables, Florida

27 Suite, Apt. #, etc.  
 28 same

24 Zip 33134 25 Country USA

29 Zip Country

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 the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROLAND J. MARTINEZ, ESQ.  
 1102 PONCE DE LEON BLVD.  
 CORAL GABLES, FLORIDA 33134

81 Name same  
 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 officer 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  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE PRESIDENT  
 NAME ROLAND J. MARTINEZ  
 STREET ADDRESS 1102 PONCE DE LEON BLVD.  
 CITY-ST-ZIP CORAL GABLES, FL 33134

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE VICE PRESIDENT  
 NAME ROLAND J. MARTINEZ  
 STREET ADDRESS 1102 PONCE DE LEON BLVD.  
 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE SECRETARY  
 NAME ROLAND J. MARTINEZ  
 STREET ADDRESS 1102 PONCE DE LEON BLVD.  
 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE TREASURER  
 NAME ROLAND J. MARTINEZ  
 STREET ADDRESS 1102 PONCE DE LEON BLVD.  
 CITY-ST-ZIP CORAL GABLES, FLORIDA 33134

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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, with all other like empowered.

SIGNATURE: Roland J. Martinez ROLAND J. MARTINEZ

5-7-99

305-447-6999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)