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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

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

05-17-1999 90054 029 ***150.00

, i	KOLIANI	O STREET THEORY ST.	•						
Principal Place	e of Business	Mailing Address							
Principal Place of Business 1102 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 Mailing Address same				DO NOT WRITE IN THIS SPACE					
<u> </u>						3. Date Incorporated or Qualifed	1		
		_				6-27-96			
	lace of Business	2a. Mailing Address				4. FEI Number 65–0691490			plied For
	Ponce de Leon Blvd.	26 same				65-0691490			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23 Coral	Gables, FLorida	28 same				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zíp	Counti	ry		8. This corporation owes the cur	rrent year Int	_	NA.
24 3313		_ 	30			Personal Property Tax.	Distand	∐ Yes	No
	9. Name and Address of Current	Registered Agent	8	1 Na	me	10. Name and Address of New	Registered	Agent	
]			_ا			same			
1	ND J.MARTINEZ,ESQ.		8:	2 Str	eet Addre	ess (P.O. Box Number is Not Accept	table)		
1	ONCE DE LEON BLVD.		8	3					
CORAL	GABLES, FLORIDA 33134							- 	
			8-		•		FL	85 Zip C	
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	if Florida. Such change was at	Jihonzed b	v the c	ned corporation	oration submits this statement for the	e purpose of ept the appoi	changing its ntment as reg	registered gistered
anent la	m familiar with, and accept the obligati	ons of, Section 607,0505, Flor	ida Statute	ś.	•				
agent. 1 a		· · · · · · · · · · · · · · · · · · ·							
SIGNATURE					ture required	3 when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE			ture required	s when reinstating) ADDITIONS/CHANGES TO O		ID DIRECTO	DRS IN 12
\	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	Registered Ag	jent signa	ture required			ND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT	and title if applicable. (NOTE: D DIRECTORS	Registered Ag	gent signa	iture required				
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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: 4

OLUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

ROLAND J. MARTINE

5-7-99

305-447-6999

Daytime Phone #