

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-17-1999 90054 029 ***150.00

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

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

2. Principal Place of Business

21 1102 Ponce de Leon Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 same
Suite, Apt. #, etc.

22 City & State

23 Coral Gables, Florida

24 Zip 33134 25 Country USA

27 City & State

28 same

29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 office 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

TITLE PRESIDENT ☐ DELETE

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

TITLE VICE PRESIDENT ☐ DELETE

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

TITLE SECRETARY ☐ DELETE

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

TITLE TREASURER ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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)