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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P96000083342 (1)

#### MARTIN VINYL CORP.

Principal Place of Business

Mailing Address

# FILED Apr 17 1997 8:00am Secretary of State



15505 SW 103 MIAMI FL 33157		15505 SW 103 PL. MIAMI FL 33157-1451									
						3. Date Incorpore 10/09/1996		3a. Dat	e of Last F	leport	
	ace of Business	F1	2a. Mailing Address			4. FEI Number	73687	8	h	oplied For of Applicable	
Suite, Apt	#, etc		Surte, Apt. #, etc.							Additional	
22		27				5. Certificate of S	otatus Desired	<u> </u>	Fee Ro	equired	
City & State	!	City & State	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees				
Zη)	Country   Zip   Cou   25   29   30				Country  8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes  2 Yes No						
	g. Name and Address of Curr	ent Registered Agent		Π	T	10, Name and Ad	dress of New Reg	pistered A	gent		
	NOZA, AMELIA M			81	Name					ļ	
15505 SW 103 PL. MIAMI FL 33157						Address (P.O. Box Number	er is Not Acceptab	le)			
MIAN	W LF 93191			83	<del> </del>		·				
				84	City	***************************************		FL	<b>85</b> Zip	Code	
11. Pursuant I	n the provisions of Sections 607.0	502 and 607,1508. Flor	ida Statutes, the	abov	e-named	corporation submits this s	statement for the p		hanging it	ts registered	
office or n	o the provisions of Sections 697.0 gistered agent or both, in the Sta n familiar with land accept the ob	tle of Florida. Such cha	nge was author	ized b	y the cor	poration's board of directo	rs. I hereby accep	t the appo	intment as	registered	
SIGNATURE	( O() (M) DPI	WD361					•	4-1	2-4	<i>[ ]</i>	
		agent and tile if applicable			eni signature	required when reinstating)		DATE			
12.	OFFICERS A	AND DIRECTORS		3. 1 TITLE		70 0	ANGES TO OFFIC		DIRECTOR  Change	Addition	
NAME		<u> </u>	1	2 NAME		A MARIA E	spinosa			LE ROUIION	
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4. I do 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 have 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 in Changled, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE COR PRINTIPO NAME OF SIGNING OFFICER OR DIRECTO

4-12-97

Daytime Phone #