

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0018074

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 AM 8:08

DOCUMENT # **P97000010865** ✓

1. Corporation Name
MARTINCA, INC.



Principal Place of Business 501 HAMES AVE. ORLANDO FL 32805	Mailing Address 501 HAMES AVE. ORLANDO FL 32805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 501 HAMES AVE. Suite, Apt. #, etc.		2a. Mailing Address 26 501 HAMES AVE. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/30/1997	
22 City & State 23 ORLANDO, FLORIDA		27 City & State 28 ORLANDO, FLORIDA		4. FEI Number 59-3420683 Applied For Not Applicable	
24 32805 25 USA		29 32805 30 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTINEZ, PABLO 501 HAMES AVE. ORLANDO FL 32805				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 501 HAMES AVENUE	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, PABLO	1.2 NAME	200002953202-3
STREET ADDRESS	501 HAMES AVE	1.3 STREET ADDRESS	-08/06/93--01085--018
CITY-ST-ZIP	ORLANDO FL 32805	1.4 CITY-ST-ZIP	****563.75 ****563.75
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INCATASCIATO, AGRIPPINO	2.2 NAME	VICE-PRESIDENT
STREET ADDRESS	501 HAMES AVE	2.3 STREET ADDRESS	RAFAELA MARTINEZ
CITY-ST-ZIP	ORLANDO FL 32805	2.4 CITY-ST-ZIP	501 HAMES AVENUE
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INCATASCIATO, MARIA	3.2 NAME	ORLANDO, FL. 32805
STREET ADDRESS	501 HAMES AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, RAFAELA	4.2 NAME	
STREET ADDRESS	501 HAMES AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	07/8/3
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  7.7.99 407.422.0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)