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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

DOCUMENT # P97000021954

MARTINEZ INTERNATIONAL TRADING, CORP.

Principal Place	of Business	Mailing Address		1 (884)881 118 (8111 1891) 891(1 891)) 88111 891	18 1881 1818 18191 ATTI	9191 1491	
375 SOUTH ROYAL POINCIANA 375 SOUTH ROYAL POINCIAN			NA				
6-C		6-C		DO NOT WRITE IN THIS SPACE			
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33		MIAMI SPHINGS FL J3100		3. Date Incorporated or Qualifed			
				03/11/1997		}	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied	d For	
21		26		65-0755959	Not Ap	plicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addit		
22		27		5. Certificate of Status Desired	Fee Requir	ed	
City & State	-	City & State		6. Election Campaign Financing	\$5.00 May		
23		28		Trust Fund Contribution	Added to Fe	ees	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible □Yes □1	No.	
24	25	29 30	<u> </u>	Personal Property Tax. 10. Name and Address of New Registere		110	
9. Name and Address of Current Registered Agent			81 Name -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 .		
DE OSORIO, JOSEFA GRAVINI				Juan de Jesus Martinez			
375 S. ROYAL POINCIANA # 6C			82 Street Add	ress (P.O. Box Number is Not Acceptable)	-# 6C		
	AI SPRINGS FL 33166		83				
			<u> </u>	Mami Springs FL 3	3166 85 Zip Code		
			84 City 55	5. 589-79-4791 F	L 85 Zip Code	e I	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above-named cor	poration submits this statement for the purpose	of changing its regi	istered	
1 - ~ office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	norized by the corporat	ion's board of directors. I hereby accept the app	ointment as registe	ereu	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	313 31, 3301017 337133227 1 1 1 1 1					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature requir				
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A			
	OFFICERS AND		13. 1.1 TITLE	oo morromopania)		IN 12	
12. TITLE NAME	OFFICERS AND D MARTINEZ, CARMEN	DIRECTORS	13. 1.1 TITLE 1.2 NAME	oo morromopania)			
12. TITLE	OFFICERS AND D MARTINEZ, CARMEN 375 S ROYAL POINCIANA #6C	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	oo morromopania)			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D MARTINEZ, CARMEN 375 S ROYAL POINCIANA #6C MIAMI SPRINGS FL 33166	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	oo morromopania)	☐ Change [Addition	
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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, pron an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP