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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # POROMOSSSSS

FILED Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90091 048 ***150.00

1. Corporation		· F30000		JJJJ											
MARTEJO, INC.															
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Principal Place of Business Mailing Address															
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FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308									DO NOT WRITE IN THIS SPACE						
									3. Da	ate Incorporate	d or Qual	ifed			
						6/18/1 <u>998</u>			-, ,						
Principal Place of Business 2a, Mailing Address										I Number	11	2214	⊢	Applied For	
21				26					φ	<u>S -08</u>	6000	<u> メンT</u>		lot Applicable	
Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.				_5C	ertifcate of Stat	us Desire	ئىسى 🗆 ـــــــ b		Additional				
22			27.	City & Chate											
City & State	е	28	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be							
Zip Country				Zip	ntry			+	nis corporation		current year In		4		
Zip		25 29 30				-n '				ersonal Propert		outlotti your ii	Yes	No	
24	9. Name and Address of Current Registered Agent							_	10. Name and Address of New Registered Agent						
		81	Name			<u> </u>									
Wetherington, Gloria a						82 Street Addre				ress (P.O. Box Number is Not Acceptable)					
3260 N.E. 32ND. ST.						Sueet Addit									
FT. LAUDERDALE FL 33308						83									
						84	City						85 Zir	Code	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida, Such change was au												<u>FI</u>	_ ``		
11. Pursuant	to the provis	sions of Sections 607.05	02 and	607.1508, Florida Statut	es, the al	bove	e-named	corpor	ration sun's hoan	ubmits this stat d of directors. I	ement for hereby a	r the purpose of accept the appo	f changing i siπtment as:	ts registered registered	
agent. La	m familiar w	ith, and accept the oblig	ations o	of, Section 607.0505, Flo	rida Stati	utes	i.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. o bou.	- 0, 0, 0, 0 - 0, 0, 1	,			1	
SIGNATURE												DATE			
	Signature, types	or printed name of registered age			: Registered	Agen	nt signature re	equired v		DITIONS/CHAI	VGES TO		ND DIRECT	ORS IN 12	
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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 chapped, or on an attachment with an address; with all other like empowered.

SIGNATURE: