PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90201 026 ***150.00

			
DOCUMENT.	#	P98000093241	1

1. Corporation value						
MARTEC TRADING, INC.						
Principal Place of Business	Mailing Address					
C/O MICHAEL ORTIZ, P.A. C/O MICHAEL ORTIZ, P.A.						
2665 SOUTH BAYSHORE DRIVE #902 2665 SOUTH BAYSHORE DRIVE #902 MIAMI FL 33133 MIAMI FL 33133			DO NOT WRITE IN 1	DO NOT WRITE IN THIS SPACE		
MIAMI PL 30133			3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed		
A			10/30/1998			
2. Principal Place of Business	2a. Mailing Address	r / .	4. FEI Number	Applied For		
21 2501 SW 31 57	26 % HOWARD J.	JC hweider C	CPA 65-0880267	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	D1 # 80	5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be		
23 1 1 011 - 11 10010	28		Trust Fund Contribution	Added to Fees		
Zip Country	Zip 33143 3	Country A	8. This corporation owes the current year	r Intangible □ Yes □ No		
24 333 / 25 USA		0 673 8	Personal Property Tax. 10. Name and Address of New Registe			
9. Name and Address of Curr	ent Registered Agent	81 Name				
ORTIZ, MICHAEL		OWARD J. SCHNEID	EC			
2665 SOUTH BAYSHORE DRIVE		82 Street	82 Street Address (P.O. Box Number is Not Acceptable) 5575 SUNSET OR. SUITE 807			
SUITE 902		83	73 30000 000 000			
MIAMI FL 33133						
,		84 City	MAMI, FLORIDE	FL 85 Zip Code 33 i 4 3		
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	46	annuation automita this statement for the nurses	o of changing its registered		
office or registered ap int, or both, in the Star	le of Florida, Such change was aut	horized by the corp	oration's board of directors. I hereby accept the a	ppointment as registered		
			4-13	5-99		
SIGNATURE Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: R	egistered Agent signature		E		
12. OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER:			
TITLE	☐ DELETE	1.1 TITLE	DIRECTOR	Change Addition		
NAME .		1.2 NAME	WALTER J. BAKET JA			
STREET ADDRESS		1.3 STREET ADDRESS	2501 EW 3/57	353/2		
CITY-ST-ZIP	☐ DELETE	1.4 CITY-ST-ZIP	AT LANDERDAIL PL	Change Addition		
TITLE	- Dette le	2.2 NAME	Diaecton Robert Miles			
NAME		2.3 STREET ADDRESS	150/ SW 31 37			
STREET ADDRESS		2. 4 CITY-ST-ZIP	Fr camperdate Fe 33:	3/2		
CITY-ST-ZIP TITLE	☐ DELETE	3.1 TITLE	77	Change Addition		
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3 4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		Change Addition		
NAME		4. 2 NAME		İ		
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP	□ perete	5.4 CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE	☐ DELETE	6.2 NAME				
NAME		6.3 STREET ADDRESS				
STREET ADDRESS		6.4 CITY-ST-ZIP				
14. I hereby certify that the information supplied	with this filing does not qualify for t	he exemption state	I d in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information		
indicated on this annual report or supplemen	tal annual report is true and accura	ate and that my sigr	iature shall have the same legal effect as if mage	unger 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.						
/	With I Rus	Pine 1	, ,, AA			
SIGNATURE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR	/ 4-/5-9 4 Date	Daytime Phone #		
SIGNATURE AND ITPED	THE PARTY OF THE P			•		