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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Witham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S70531** (6)

1. Corporation Name
MTC MANAGEMENT CO.

Principal Place of Business Mailing Address

7145 SW 8 ST
MIAMI FL 33144 7145 SW 8 ST
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/02/1991** 3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 **21** 26 **13155 SW 132 Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **22** 27 **27**

City & State City & State

23 **23** 28 **Miami, FL**

Zip Country Zip Country

24 **24** 25 **25** 29 **33186** 30 **30**

4. FEI Number: **65-0285343** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**KUKER, HOWARD L.
9200 S. DAELAND BLVD.
SUITE 508
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINO, ANSELME	1.2 NAME	
STREET ADDRESS	7145 S.W. 8TH ST	1.3 STREET ADDRESS	13155 SW 132 Ave
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL 33186
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINO, SALOMON	2.2 NAME	
STREET ADDRESS	7145 S.W. 8TH ST	2.3 STREET ADDRESS	13155 SW 132 Ave
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Miami, FL 33186
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINO, EDWARD E.	3.2 NAME	
STREET ADDRESS	7145 S.W. 8TH ST	3.3 STREET ADDRESS	13155 SW 132 Ave
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Miami, FL 33186
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *S. Martino* DATE: **305-255-0855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Typed Name #)