

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).

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90012 047 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54618
1. Corporation Name
FERNAN MARTINEZ COMMUNICATIONS, INC.

Principal Place of Business
**601 BRICKELL KEY DR
STE 200
MIAMI FL 33131-2631
US**

Mailing Address
**601 BRICKELL KEY DRIVE
SUITE 200
MIAMI FL 33131-2631**



2. Principal Place of Business
21 601 Brickell Key Drive
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Miami, Florida 33131
Zip
24 33131 Country
25 USA

2a. Mailing Address
26 601 Brickell Key Drive
Suite, Apt. #, etc.
27 Suite 200
City & State
28 Miami, Florida
Zip
29 33131 Country
30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/03/1992

4. FEI Number
65-0399409

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

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**MARTINEZ, FERNAN
770 CLAUGHTON ISLAND DR
PENTHOUSE 20
MIAMI FL 33131-2631**

10. Name and Address of New Registered Agent

81 Name **Fernan Martinez**

82 Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive

83 **Suite 200**

84 City **Miami** **FL** 85 Zip Code **33131**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **7/7/99**

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, FERNAN
STREET ADDRESS	770 CLAUGHTON ISLAND DR., PENTHOUSE 20
CITY-ST-ZIP	MIAMI FL 33131-2631
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fernan Martinez
1.3 STREET ADDRESS	601 Brickell Key Drive #200
1.4 CITY-ST-ZIP	Miami, Florida 33131
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, on an attachment with an address.

SIGNATURE *[Signature]* SIGNATURE REQUIRED **7-7-99** **305-374-5474**

CR2E034 (5/99)