

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90104 037 \*\*\*158.75

**DOCUMENT # 509621**

1. Corporation Name  
**METRIC ENGINEERING INC.**

Principal Place of Business

13940 SW 136TH ST  
SUITE 200  
MIAMI FL 33186  
US

Mailing Address

13940 SW 136TH ST  
SUITE 200  
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1976

4. FEI Number

59-1685550

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**BENITEZ, VICTOR M.**  
**8700 S.W. 124TH ST.**  
**MIAMI FL 33176**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD T** ☐ DELETE

NAME **BENITEZ, VICTOR M.**  
STREET ADDRESS **8700 SW 124TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE

NAME **TELLECHEA, LUIS**  
STREET ADDRESS **11790 SW 27TH ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **SD V** ☐ DELETE

NAME **BENITEZ, MANUEL**  
STREET ADDRESS **15216 SW 164 ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE

NAME **WAGES, WAYNE R**  
STREET ADDRESS **2634 FALLBROOK DR**  
CITY-ST-ZIP **OVIDO FL**

TITLE **V** ☐ DELETE

NAME **DRIGGS, RAUL**  
STREET ADDRESS **11535 S.W. 77TH AVE.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE

NAME **YATES, MURRAY S.**  
STREET ADDRESS **3586 COCOPLUM CIRCLE**  
CITY-ST-ZIP **COCONUT CREEK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Benitez, Silvia S.**  
1.3 STREET ADDRESS **14920 S.W. 167th St**  
1.4 CITY-ST-ZIP **Miami, FL 33187**

2.1 TITLE **V** ☐ Change ☒ Addition

2.2 NAME **Cauley, Douglas K.**  
2.3 STREET ADDRESS **1058 Clayton Road**  
2.4 CITY-ST-ZIP **Chipley, FL**

3.1 TITLE **V** ☐ Change ☒ Addition

3.2 NAME **Perez Nelson**  
3.3 STREET ADDRESS **1950 S.W. 123th Court**  
3.4 CITY-ST-ZIP **Miami, FL**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **WAGES, WILLIAM R.**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **V** ☐ Change ☒ Addition

5.2 NAME **Burnett, Michael E.**  
5.3 STREET ADDRESS **912 Spring Valley Road**  
5.4 CITY-ST-ZIP **Altamonte Springs, FL**

6.1 TITLE **V** ☐ Change ☒ Addition

6.2 NAME **William V. Anderson**  
6.3 STREET ADDRESS **1026 Ward Circle**  
6.4 CITY-ST-ZIP **Oviedo, FL 32765**

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 235-5098

CR2E034 (11/98)