

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 Jan 26, 1999 8:00am Secretary of State

01-26-1999 90048 035 ****158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # 640791

1. Corporation Name MATICA TRADING, INC.

Principal Place of Business 13336 S.W. 128TH ST. MIAMI FL 33186

Mailing Address 13336 S.W. 128TH ST. MIAMI FL 33186

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

2 City & State

27 City & State

3 Zip Country

28 Zip Country

4 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

09/05/1979

4. FEI Number

59-1941320

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATLE, JUAN R. 11920 SW 70TH AVENUE MIAMI FL 33156

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [] DELETE

1.1 TITLE [] Change [] Addition

NAME BATLE, JUAN STREET ADDRESS 11920 SW 70TH AVE. CITY-ST-ZIP MIAMI FL

1.2 NAME

TITLE T [] DELETE

1.3 STREET ADDRESS

NAME BATLE, MARGARITA STREET ADDRESS 11920 SW 70TH AVE. CITY-ST-ZIP MIAMI FL

1.4 CITY-ST-ZIP

TITLE [] DELETE

2.1 TITLE [] Change [] Addition

NAME STREET ADDRESS CITY-ST-ZIP

2.2 NAME

TITLE [] DELETE

2.3 STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE [] DELETE

3.1 TITLE [] Change [] Addition

NAME STREET ADDRESS CITY-ST-ZIP

3.2 NAME

TITLE [] DELETE

3.3 STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE [] DELETE

4.1 TITLE [] Change [] Addition

NAME STREET ADDRESS CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4. 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

1/7/99

Date

(233) 233 6353

Daytime Phone #

CR2E034 (1/98)