

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAR -2 PH 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G45010 (7)**
1. Corporation Name
MATIMEX CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
C/O MATILDE AGUIRRE 10216 SW 3RD ST. MIAMI FL 33174	C/O MATILDE AGUIRRE 10216 SW 3RD ST. MIAMI FL 33174

3. Date Incorporated or Qualified 05/24/1983	3a. Date of Last Report 04/13/1994
--------------------------------------------------------	----------------------------------------------

2. Principal Place of Business	2a. Mailing Address
21 995 SW 84 Ave	26 995 SW 84 Ave.
Suite, Apt. #, etc. 22 Apt 312	Suite, Apt. #, etc. 27 Apt 312
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip 24 33144	Country 25 Dade
Country 29 33144	Country 30 Dade

4. FEI Number 59-2754731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**AGUIRRE, MATILDE
10216 SW 3RD ST.
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	995 SW 84 Ave
83	Apt 312
84 City	Miami
85 State	FL
86 Zip Code	33144

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 MATILDE AGUIRRE MATILDE Aguirre 2-27-95
Signature, typed or printed name of registered agent and title if applicable. (Type: Registered Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AGUIRRE, MATILDE
STREET ADDRESS	10216 SW 3RD ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	995 SW 84 Ave. Apt 312
1.4 CITY-ST-ZIP	Miami, FL. 33144
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 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(9)(A), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MATILDE AGUIRRE MATILDE AGUIRRE 2-27-95 305-559-8800
Signature and typed or printed name of filing officer or director