

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 26 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business 995 SW 84TH AVE APT 312 MIAMI FL 33144 US	Mailing Address 995 SW 84TH AVE APT 312 MIAMI FL 33144 US
---	---

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**05/24/1983**

21 2. Principal Place of Business <b>12301 S.W. 68 Ct.</b>	22 Suite, Apt. #, etc.	26 2a. Mailing Address <b>12301 SW 68 Ct.</b>	27 Suite, Apt. #, etc.
23 City & State <b>Pinecrest, FL.</b>	24 Zip <b>33156</b>	28 City & State <b>Pinecrest, FL.</b>	29 Zip <b>33156</b>
25 Country <b>US</b>	30 Country <b>US</b>		

4. FEI Number <b>59-2754731</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**AGUIRRE, MATILDE**  
**995 SW 84TH AVE**  
**APT 312**  
**MIAMI FL 33144**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**12301 SW. 68 Ct.**  
 83  
 84 City **Pinecrest** FL 85 Zip Code **33156**

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 607.0506, Florida Statutes.  
 SIGNATURE **MATILDE AGUIRRE** *Matilde Aguirre* **8-13-98**  
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	<input type="checkbox"/> DELETE
NAME	<b>AGUIRRE, MATILDE</b>	
STREET ADDRESS	<b>995 SW 84TH AVE., APT 312</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>12301 S.W. 68 Ct.</b>
1.4 CITY-ST-ZIP	<b>Pinecrest, FL. 33156</b>
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, or on an attachment with an address.

SIGNATURE *Matilde Aguirre* **8-13-98** (205) 559-8800

CR2E034 (5/98)