

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90088 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000067183

1. Corporation Name
MATIOK, INC.



Principal Place of Business Mailing Address
600 GRAPETREE DRIVE, SUITE 10DN **P.O. BOX 490002**
KEY BISCAYNE FL 33149 **KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
08/13/1996
 4. FEI Number Applied For
65-0732626 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
 7. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SALAZAR, LISETTE
50 WEST MASHTA DRIVE, SUITE 2
KEY BISCAYNE FL 33149

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS' AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO DE MATA, MARIA LUISA	1.2 NAME	
STREET ADDRESS	20 CALLE 4-60 ZONA 10 INT. 3B	1.3 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATA C, GUILLERMO	2.2 NAME	
STREET ADDRESS	12 CALLE 6-40 ZONA 9	2.3 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATA C, ESTUARDO	3.2 NAME	
STREET ADDRESS	OFICIAN DIAGONAL 6 10-01 ZONA 10	3.3 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATA DE ARIAS, LUISA MARIA	4.2 NAME	
STREET ADDRESS	OFICIAN DIAGONAL 6 10-01 ZONA 10	4.3 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATA C, CARLOS ENRIQUE	5.2 NAME	
STREET ADDRESS	7 AV. 5-10 ZONA 4	5.3 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATA DE ARROYO, ANA ISABEL	6.2 NAME	
STREET ADDRESS	20 CALLE 22-18 ZONA 10 CASA #5	6.3 STREET ADDRESS	
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA	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, with all other like empowered.

SIGNATURE: MARIA LUISA CASTILLO DE MATA DATE: 2/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)