


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90001 040 ***558.75

DOCUMENT # P96000067183

1. Entity Name
MATIOK, INC.




Principal Place of Business
**600 GRAPETREE DRIVE, SUITE 10DN
 KEY BISCAYNE, FL 33149**

Mailing Address
**P.O. BOX 490002
 KEY BISCAYNE, FL 33149**

J4U7U0U3

DO NOT WRITE IN THIS SPACE



07142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0732626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERST, NORMA T
 50 W. ALASKA DR. *50 W. MASHTA DR*
 KEY BISCAYNE, FL 33149**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASTILLO DE MATA, MARIA LUISA
STREET ADDRESS	20 CALLE 4-60 ZONA 10 INT. 3B
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA,
TITLE	D
NAME	MATA C, GUILLERMO
STREET ADDRESS	12 CALLE 6-40 ZONA 9
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA,
TITLE	D
NAME	MATA C, ESTUARDO
STREET ADDRESS	OFICIAN DIAGONAL 6 10-01 ZONA 10
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA,
TITLE	D
NAME	MATA DE ARIAS, LUISA MARIA
STREET ADDRESS	OFICIAN DIAGONAL 6 10-01 ZONA 10
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA,
TITLE	D
NAME	MATA C, CARLOS ENRIQUE
STREET ADDRESS	7 AV. 5-10 ZONA 4
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA,
TITLE	D
NAME	MATA DE ARROYO, ANA ISABEL
STREET ADDRESS	20 CALLE 22-18 ZONA 10 CASA #5
CITY-ST-ZIP	GUATEMALA CITY GUATEMALA,

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **ESTUARDO MATA C** Date: *Aug 18, 2004* Daytime Phone # *011-502-3392807*