2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000067183 **DOCUMENT #**

1. Entity Name MATIOK, INC.



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90327 042 ***150.00

Principal Place of Business 600 GRAPETREE DRIVE. SUTIE 10DN KEY BISCAYNE FL 33149		Mailing Address P.O. BOX 490002 KEY BISCAYNE FL 33149			
2. Principal Place of Business		3. Mailing Address		I TODATIONAL TITO LEGINO BITTES ENGLE NORTH NORTH BUTTER BITTER FOR ALONG TATAON (ASI) (ERR)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0732626 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired Security \$8.75 Additional Fee Required	
				7. Name and Address of New Registered Agent	
SALAZAR, LISETTE 50 WEST MASHTA DRIVE, SUITE 2 KEY BISCAYNE FL 33149			Su	ruan T ROSEPTS PA s (BO. Baktumber is Not Acceptable) DAVE	
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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND D	PIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Castillo de Mata, Maria Luis, 20 calle 4-60 zona 10 int. 3B Guatemala City Guatemala	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	— Change Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATA C, GUILLERMO 12 CALLE 6-40 ZONA 9 GUATEMALA CITY GUATEMALA	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATA C, ESTUARDO OFICIAN DIAGONAL 6 10-01 ZON, GUATEMALA CITY GUATEMALA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mata de Arias, Luisa Maria Ofician Diagonal 6 10-01 zona Guatemala City Guatemala	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATA C, CARLOS ENRIQUE 7 AV. 5-10 ZONA 4 GUATEMALA CITY GUATEMALA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATA DE ARROYO, ANA ISABEL 20 CALLE 22-18 ZONA 10 CASA 9 GUATEMALA CITY GUATEMALA	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 Irustee 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: