

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

FILED
Apr 30 1998 8:00am
Secretary of State

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

DOCUMENT # P97000095793 (0)
 1. Corporation Name
METRICOR CORPORATION



Principal Place of Business 8700 S.W. 124 STREET MIAMI FL	Mailing Address 8700 S.W. 124 STREET MIAMI FL
-------------------------------------------------------------------------	-------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/07/1997	
Suite, Apt. #, etc.		13940 S.W. 136th St		4. FEI Number	
22		Suite, Apt. #, etc.		65-0796234	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		Miami, FL 33186		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENITEZ, VICTOR 8700 S.W. 124 STREET MIAMI FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOT Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, VICTOR M	1.2 NAME	Benitez, Victor M
STREET ADDRESS	8700 S.W. 124 STREET	1.3 STREET ADDRESS	8700 S.W. 124th Street
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, MIRIAM C	2.2 NAME	Benitez, Miriam
STREET ADDRESS	8700 S.W. 124 STREET	2.3 STREET ADDRESS	8700 S.W. 124th Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Benitez, Victor A.
STREET ADDRESS		3.3 STREET ADDRESS	14920 S.W. 167th St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33187
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Duart, Carlos A.
STREET ADDRESS		4.3 STREET ADDRESS	14491 S.W. 161st St
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33177
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Duart, Regina
STREET ADDRESS		5.3 STREET ADDRESS	14491 S.W. 161st St
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33177
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address

SIGNATURE: _____ 04/21/98 (305) 235-5098

CR2E034 (10/97)