


**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90037 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000016791**

1. Corporation Name  
**METKA ENTERPRISES SA CORPORATION**



Principal Place of Business 12850 S.W. 67TH TERRACE MIAMI FL 33183-1336	Mailing Address 12850 S.W. 67TH TERRACE MIAMI FL 33183-1336
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/19/1998**

2. Principal Place of Business 21 <b>10667 N. KENOSL DR #100</b> Suite, Apt. #, etc. 22 <b># 100</b> City & State 23 <b>MIAMI, FL 33176</b> Zip Country 24 <b>33176</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>12850 SW 67 TERR</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI, FLORIDA</b> Zip Country 29 <b>33183</b> 30 <b>USA</b>
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4. FEI Number <b>65-0816702</b>	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PRIMEC, MARJETA**  
**12850 S.W. 67TH TERRACE**  
**MIAMI FL 33183**

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

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>MARJETA PRIMEC</b>
STREET ADDRESS	<b>12850 SW 67 TERR</b>
CITY-ST-ZIP	<b>MIAMI, FL 33183</b>
TITLE	<b>VICE PRESIDENTS</b> <input type="checkbox"/> DELETE
NAME	<b>NATASHA PALACIOS</b>
STREET ADDRESS	<b>12737 SW 69 TERR</b>
CITY-ST-ZIP	<b>MIAMI, FL 33183</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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Marjeta Primec* **2/25/1999** **(305) 383-6181**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (1/198)