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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

S73064

(5)

METRO TECHNOLOGY GROUP, INC.

Principal Place of Business

Mailing Address

7044 NIM COTH STREET

FILED Mar 08 1996 8:00 am Secretary of State



MIAMI FL 33166	b	MIAMI FL 33166			
	•			3. Date Incorporated or Qualified 08/14/1991	3a. Date of Last Report 05/01/1995
2. Principal Place	e of Business	2a. Mailing Address	1.117	4. FEI Number	Applied For
18412		26 84 4 1	UW 17 st.	65-0279682	Not Applicable
Suite, Apt. #, i		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	1, Fl	6. Election Campaign Financing	\$5.00 May Be
MIA	\mathcal{M}_{1} + 1	28 17 ATT	Country	Trust Fund Contribution 8. This corporation has liability for it	Added to 1 des
า ²⁶ 3317	Country A	33126	3 V SA		□ No
1 7712	9. Name and Address of Current F			10. Name and Address of New R	egistered Agent
			81 Name	CARIDAD, WAL	TER.
CARIDAD.	WALTER			ress (P.O. Roy Number is Not Acceptab	
7344 N.W. 56TH STREET			L. J	8416 N.W	". 17 street
MIAMI FL			83		
			84 City	MIAMI	E1 85 Zip Code /
	007.0500	-LCG7 1EQU. Florido Statutos	the above parced come	vation submits this statement for the nu	roose of changing its registered office
11. Pursua¤t to or registered	d abent, or both, in the State of Hodga.	Such change was authorized	d by the corporation's boa	ard of directors. I hereby accept the app	ointment as registered agent. I am
familiar with,	, and accept the obligations of Section	607.0505, Florida Statutes.			
Signature 🧩	Small re- late 1 or Boule B matter of market of a contract	nume rappocanie TNCII	E: Registered Agent signature require		DATE
2.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
iii;	PST	☐ DELETE	1 1 TITLE P	ST ARIDAD, WALTER	Change Addition
	CARIDAD, WALTER		1.2 NAME	CARLIDAD, WALLEY	
, vi:	OMINDAD, FIRETER		_ B _	Τι Έρκινηση ΩΝ.	#437
	9350 S. DIXIE HWY PH-2		16.0	al CRANDOM BID.	#43(
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 attack-ment with an address.

Daytime Phone #