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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(DO NOT WRITE IN THIS SPACE)

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V39738** (2)

1. Corporation Name
~~MATSIM WHOLESAL PRODUCTS, INC.~~
MATSIM INTERNATIONAL PRODUCTS, INC.

Principal Place of Business 7400 SW 34TH STREET MIAMI FL 33155	Mailing Address 7400 SW 34TH STREET MIAMI FL 33155
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2. Principal Place of Business 21 1625 N.W. 20 STREET	28. Mailing Address 26 PO BOX 55-7073
22 Suite, Apt. # etc.	27 Suite, Apt. # etc.
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 33142	25 USA
29 33255	30 USA

3. Date Incorporated or Qualified 05/29/1992	3a. Date of Last Report 03/29/1994
4. FEI Number 65-0335757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Does corporation have liability for franchise tax under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MATAR, ALFREDO
650 SW 39TH AVE
MIAMI FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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: _____ (Signature of Registered Agent) _____ (Signature of Corporation Representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
11.1 NAME PT MATAR, ALFREDO	11.2 STREET ADDRESS 650 SW 39TH AVENUE MIAMI FL	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.3 CITY, STATE, ZIP MIAMI FL		13.2 NAME	
11.4 NAME VS MATAR, ISABEL	11.5 STREET ADDRESS 650 SW 39TH AVE MIAMI FL	13.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 CITY, STATE, ZIP		13.4 CITY, STATE, ZIP	
11.7 NAME		13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.8 NAME		13.6 NAME	
11.9 STREET ADDRESS		13.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 CITY, STATE, ZIP		13.8 CITY, STATE, ZIP	
11.11 NAME		13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.12 NAME		13.10 NAME	
11.13 STREET ADDRESS		13.11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 CITY, STATE, ZIP		13.12 CITY, STATE, ZIP	
11.15 NAME		13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.16 NAME		13.14 NAME	
11.17 STREET ADDRESS		13.15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 CITY, STATE, ZIP		13.16 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.022(1)(b), Florida Statutes. I further certify that the information was obtained by the person or agent or supplier of such information, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the recipient of funds or proceeds to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. My official home address is _____

SIGNATURE: 

 ALFREDO R. MATAR