

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 29 1998 8:00am  
 Secretary of State

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P95000040064 (4)**  
 1. Corporation Name  
**METROPOLITAN INVESTMENTS CORP.**



|  |  |
|--|--|
| Principal Place of Business<br><b>201 SEVILLA AVENUE<br/>                 SUITE 301<br/>                 CORAL GABLES FL 33134</b> | Mailing Address<br><b>201 SEVILLA AVENUE<br/>                 SUITE 301<br/>                 CORAL GABLES FL 33134</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |                        |  |
|--------------------------------|------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br><b>05/19/1995</b>   |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>NOT APPLICABLE</b>   |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |
| 24 Country                     | 30 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 |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br><b>GARIBALDI, GIANNI<br/>                 201 SEVILLA STE. 301<br/>                 CORAL GABLES FL 33134</b> | 10. Name and Address of New Registered Agent          |
| 81 Name  | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83   | 84 City   |
| 85 Zip Code  | <b>FL</b>   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | <b>PSD</b>                          | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GARIBALDI, GIANNI</b>            | 1.2 NAME  |   |
| STREET ADDRESS             | <b>201 SEVILLA AVENUE SUITE 301</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>CORAL GABLES FL 33134</b>        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 2.2 NAME  |   |
| STREET ADDRESS             |                                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 3.2 NAME  |   |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |   |

**900002604630**  
**-07/31/98--01090--046**  
**\*\*\*150.00**

*PE*  
*7.29*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(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.

SIGNATURE: \_\_\_\_\_

CR2E034 (5/98)

July 10, 1998

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee Fla. 32302-1500.-

Ref. Document # P95000040064 (4)  
FEI: Not applicable.-

As per the indication of Florida Department of State, Late Fees of US\$ 400.00 were waived since first billing notice was never received in this office.

Enclosed is our check No. 0416 for the amount of US\$ 150.00 for the filing fee.

Sincerely,

GIANNI GARIBALDI  
PRESIDENT.-

GG/ac.-