2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2016
Secretary of State
CC0550418085

DOCUMENT# P96000067183

Entity Name: MATIOK, INC.

Current Principal Place of Business:

600 GRAPETREE DRIVE
APT 10DN
KEY BISCAYNE, FL 33149

Current Mailing Address:

7801 NW 37TH ST
SECTION 1231 / GUA
DORAL, FL 33166

FEI Number: 65-0732626

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOWMAN, ROBERT MPA
2730 SW 3RD AVE
SUITE 800
MIAMI, FL 33129 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	DR
Name	CASTILLO DE MATA, MARIA LUISA	Name	MATA C, GUILLERMO
Address	DIAGONAL 6, 10-01 ZONA 10 1002A	Address	DIAGONAL 6, 10-01 ZONA 10 1002A
City-State-Zip:	GUATEMALA GUATEMALA 01010	City-State-Zip:	GUATEMALA GUATEMALA 01010
Title	DR	Title	MRS
Name	MATA C, ESTUARDO	Name	MATA DE ARIAS, LUISA MARIA
Address	DIAGONAL 6, 10-01 ZONA 10 1002A	Address	DIAGONAL 6, 10-01 ZONA 10 1002A
City-State-Zip:	GUATEMALA GUATEMALA 01010	City-State-Zip:	GUATEMALA GUATEMALA 01010
Title	MR	Title	MRS
Name	MATA C, CARLOS ENRIQUE	Name	MATA, ANA ISABEL
Address	DIAGONAL 6, 10-01 ZONA 10 1002A	Address	DIAGONAL 6, 10-01 ZONA 10 1002A
City-State-Zip:	GUATEMALA GUATEMALA 01010	City-State-Zip:	GUATEMALA GUATEMALA 01010
Title	MRS		
Name	MATA, GRACIELA M		
Address	DIAGONAL 6, 10-01 ZONA 10 1002A		
City-State-Zip:	GUATEMALA GUATEMALA 01010		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DR. ESTUARDO MATA C. 03/08/2016

Electronic Signature of Signing Officer/Director Detail — Date