FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortijan: Secretary of State

DIVISION OF CORPORATIONS

1996

542104

(5)

DOCUMENT #
1. Corporation Name

METRIC INVESTMENTS, INCORPORATED

Principal Place of 12 NEWBRID TORONTO O US		Mailing Address 12 NEWBRIDGE ROA TORONTO ONTARIO.		3. Date Incorporated or Qualified 08/03/1977	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FET Number 58-1371620	Applied For
1		26		36-137 1020	Not Applicable
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Gity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes Yes	□No
DESANT	9. Name and Address of Currer CE P MCCARTHY TIS COOK & GASKILL	nt Registered Agent		10. Name and Address of New Rivers (P.O. Box Number is Not Acceptable	
	OCEAN BLVD.,STE. 2-A T FL 33494		83 84 Orty		FL 85 Zip Code
SIGNATURE	i, and accept the obligations of. Secting are, bysed or protestrank of registrest again.		DE Paystered Agent squature require	od wier remotings	DATE CERS AND DIRECTORS IN 12
THLE	PD	DELETE	1 1 Till E	ADDITIONS/CITANGED TO CITY	Change Addition
NAME	MASCARIN, TIBERIO		1 2 NAME		
	12 NEWBRIDGE ROAD		1 3 STREET ADDRESS		
STREET ADDRESS	TOR ONT CANADA 00000		1 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	- S	☐ DELETE	2 1 TITLE		Change Addition
NAME	MASCARIN, YVETTE		2.2 NAME		
STREET ADDRESS	12 NEWBRIDGE ROAD		2.3 STREET ADDRESS		
CITY - ST - ZIP	TOR ONT CANADA 00000		2.4 CITY-S1-ZIP		
TITLE		☐ DELETE	3 1 T-TLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 C+TY+S1+ZIP		
TITLE		☐ DELETE	4 1 TiTLE		Change Addition
NAME			. 4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C(TY+ST+ZII)			4.4.CITY - ST - Z-P		
TITLE		☐ DELETE	5 ' TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP		ED BOLEZE	5.4 Clif Y - ST - ZIP		ET Character FT Address
TITLE		☐ DELETE	6 1 THTLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZH ²			64 CITY - ST - ZIP		07/0/10 5: 01: 04: 1
certify that it oath that I	the information indicated on this ann	ual report or supplemental and oration or the receiver or truste	nual report is true and accur se empowered to execute the	for the exemption stated in Section 119: ate and that my signature shall have the its report as required by Chapter 607, Fix	same legal effect as if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT OF THE PROPERTY O

MAL 19/96 416-231-7291