

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Teresa B. Armstrong  
Secretary of State  
3000 Bay Drive, Suite 100  
Tallahassee, FL 32301-2000

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

95 MAY -1 AM 11:45

DOCUMENT # 654097

(5)

1. Corporation Name:

METROLIMO, INC.

Principal Place of Business:

1995 NE 142ND ST  
N MIAMI FL 33181

Main Office Address:

1995 NE 142ND ST  
N MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

|                                                                                                                                               |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/30/1980</b>                                                                                        | 3a. Date of Last Report<br><b>04/28/1994</b> |
| 4. FE Number<br><b>59-2003809</b>                                                                                                             | Agreed For<br>Not Applicable                 |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                     | \$8.75 Additional<br>Fee Required            |
| 6. Election Campaign Financing<br>Fund Limit Contribution <input type="checkbox"/>                                                            | \$5.00 May Be<br>Added to Fees               |
| 8. This corporation has liability for intrastate tax under the 1993 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                              |

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Main Office Address<br><b>26</b> |
| State: April 1994                           | State: April 1994                    |
| City & State<br><b>22</b>                   | City & State<br><b>27</b>            |
| Zip<br><b>23</b>                            | Zip<br><b>28</b>                     |
| City<br><b>24</b>                           | City<br><b>29</b>                    |
| Country<br><b>25</b>                        | Country<br><b>30</b>                 |

9. Name and Address of Current Registered Agent

ZILBER, SIGMUND  
1995 NORTHEAST 142ND STREET  
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 603.01 and 603.02, 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, to a change which is authorized by the corporation's board of directors, thereby accept the appointment as registered agent, in accordance with, and accept the obligation of Sections 603.01, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this report on behalf of the corporation, or the registered agent, or both, as applicable.

| 12. OFFICERS AND DIRECTORS                                                                               |  | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS                                                                  |                                                                         |
|----------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| NAME<br>P<br>STEINBERG, EDWARD<br>STREET ADDRESS<br>1995 NE 142ND ST<br>CITY & STATE<br>N MIAMI FL 33181 |  | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Add                                              |                                                                         |
| NAME<br>S<br>ZILBER, SIGMUND<br>STREET ADDRESS<br>1995 NE 142ND ST<br>CITY & STATE<br>N MIAMI FL 33181   |  | NAME<br>Vice president<br>ZILBER, MARTIN<br>STREET ADDRESS<br>1995 NE 142 ST<br>CITY & STATE<br>N. MIAMI FL 33181 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME<br>V<br>ZILBER, SIGMUND<br>STREET ADDRESS<br>1995 NE 142ND ST.<br>CITY & STATE<br>N. MIAMI FL 33181 |  | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Add                                              |                                                                         |
| NAME                                                                                                     |  | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Add                                              |                                                                         |
| NAME                                                                                                     |  | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Add                                              |                                                                         |
| NAME                                                                                                     |  | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Add                                              |                                                                         |
| NAME                                                                                                     |  | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Add                                              |                                                                         |
| NAME                                                                                                     |  | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Add                                              |                                                                         |
| NAME                                                                                                     |  | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Add                                              |                                                                         |
| NAME                                                                                                     |  | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Add                                              |                                                                         |

14. I hereby certify that the information supplied on this report is accurately furnished and does not qualify for the exemption stated in Section 603.01, Florida Statutes. I further certify that the information included on this annual report is supplemental, accurate and complete and that my signature shall have the same legal effect as if made under oath. That there is no office or address for the corporation or the registered agent or both, as applicable, to execute this report as required by Chapter 603, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer, director, or agent, as applicable.

SIGNATURE:

*Sigmund Zilber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95 (305) 944-4422