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GEIGER KASDIN - Department of State:# 8/12

(1)

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Northcutt<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <b>DOCUMENT # F45486</b><br>Corporation Name<br><b>Metro - Obras, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Principal Place of Business<br><b>8380 N.W. 64th St.</b><br><b>Suite 201</b><br><b>Miami, FL 33166</b>                                                                                                                                                                                                                                                                                                                                                       |  | Mailing Address<br><b>Same</b>                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>21 Suite Apt #, etc.<br>22 City & State<br>23 Zip Country                                                                                                                                                                                                                                                                                                                                                                  |  | 2a. Mailing Address<br>26 Suite Apt #, etc.<br>27 City & State<br>28 Zip Country  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3. Date Incorporated or Qualified<br><b>9/16/81</b><br>3a. Date of Last Report<br><b>5/1/96</b><br>4. File Number<br><b>59-2147369</b><br>5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 8. Name and Address of Current Registered Agent<br><b>Arnaldo Velez</b><br><b>801 Brickell, Suite 1401</b><br><b>Miami, FL 33131</b>                                                                                                                                                                                                                                                                                                                         |  |                                                                                   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83 City<br>84 FL 85 Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 11. Pursuant to the provisions of Sections 807.0502 and 807.1506, 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 807.0506, Florida Statutes. |  |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| SIGNATURE _____ DATE _____<br>Signature of officer or registered agent and title (if applicable) (NOTE: Registered Agent Signature requires agent relationship)                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 12. OFFICERS AND DIRECTORS<br>12.1 NAME <input type="checkbox"/> DELETE<br><b>D.P.S. Manuel R. Fernandez</b><br><b>8380 N.W. 64th St., Suite 201</b><br><b>Miami, FL 33166</b>                                                                                                                                                                                                                                                                               |  |                                                                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS - N 2<br>13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.2 NAME<br>13.3 STREET ADDRESS<br>13.4 CITY - ST - ZIP<br>13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.6 NAME<br>13.7 STREET ADDRESS<br>13.8 CITY - ST - ZIP<br>13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.10 NAME<br>13.11 STREET ADDRESS<br>13.12 CITY - ST - ZIP<br>13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.14 NAME<br>13.15 STREET ADDRESS<br>13.16 CITY - ST - ZIP<br>13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>13.18 NAME<br>13.19 STREET ADDRESS<br>13.20 CITY - ST - ZIP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>REINSTATEMENT '97 - '98</b><br><b>1-22-98</b>                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.                                                                                                                                             |  |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| SIGNATURE: <u>Manuel R. Fernandez</u> President <u>12/31/92</u><br>Signature and Title of Officer or Director or Receiver or Trustee                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |

CP25034 (9/96)

SENT BY:

1-22-88 :11:43AM :

GEIGER KASDIN -> Department of State:# 5/12

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ACCT#: 076030000723

CONTACT: BEVERLY O RIEDY

PHONE: (305)372-5000

FAX #: (305)372-0052

NAME: METRO-OBRA, INC.

AUDIT NUMBER.....H98000000758

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..0

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