FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 10 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F84944** **(0)**

1. Corporation Name

MATRA INC.

Principal Place of Business	Mailing Address
9030 NW 58TH STREET MEDLEY FL 33178 US	9030 NW 58TH STREET MEDLEY FL 33178 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1982
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business	2a. Mailing Address
21 9030 NW 58th Street	26 9030 NW 58th Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Fl.	City & State 28 Miami Fl.
Zip 24 33178 Country 25 USA	Zip 29 33178 Country 30 USA

4. FEI Number: 59-2100993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	GOMEZ, MIGUEL	12 NAME		
STREET ADDRESS	MATRA, LA URUCA	13 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CO	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	VD	☑ Change ☐ Addition
NAME	[redacted]	22 NAME	LUIS GAMBOA ARGUEDAS	
STREET ADDRESS	[redacted]	23 STREET ADDRESS	Matra, La Uruca	
CITY-ST-ZIP	[redacted]	24 CITY-ST-ZIP	San Jose, Costa Rica	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	FERRER, ESTEBAN A.	32 NAME		
STREET ADDRESS	100 CHOPIN PLAZA	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	T.D.	☑ Change ☐ Addition
NAME	[redacted]	42 NAME	Gerardo Erak	
STREET ADDRESS	[redacted]	43 STREET ADDRESS	Matra, La Uruca	
CITY-ST-ZIP	[redacted]	44 CITY-ST-ZIP	San Jose, Costa Rica	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 the 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: [signature] Secretary 3/28/95 3M-358300
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

01M010 CP