

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F84944** (0)

1. Corporation Name

MATRA INC.



Principal Place of Business

**9030 NW 58TH STREET
MIAMI FL 33178
US**

Mailing Address

**9030 NW 58TH STREET
MIAMI FL 33178
US**

3. Date Incorporated or Qualified

06/11/1982

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21 **6164 NW 74TH AVENUE**

26 **6164 NW 74TH AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **N/A**

27 **N/A**

City & State

City & State

23 **MIAMI, FLORIDA**

28 **MIAMI, FLORIDA**

Zip Country

Zip Country

24 **33166**

25 **U.S.**

29 **33166**

30 **U.S.**

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature Required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOMEZ, MIGUEL	
STREET ADDRESS	MATRA, LA URUCA	
CITY - ST - ZIP	SAN JOSE CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARGUEDAS, LUIS G	
STREET ADDRESS	MATRA, LA URUCA	
CITY - ST - ZIP	SAN JOSE CO	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FERRER, ESTEBAN A.	
STREET ADDRESS	100 CHOPIN PLAZA	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ERAK, GERARDO	
STREET ADDRESS	MATRA, LA URUCA	
CITY - ST - ZIP	SAN JOSE CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	GOMEZ, MIGUEL	
13. STREET ADDRESS	MATRA, SANTA ANA	
14. CITY - ST - ZIP	SAN JOSE, COSTA RICA	
2. TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	GAMBOA A., LUIS	
23. STREET ADDRESS	MATRA, SANTA ANA	
24. CITY - ST - ZIP	SAN JOSE, COSTA RICA	
3. TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	GAMBOA A., LUIS	
33. STREET ADDRESS	MATRA, SANTA ANA	
34. CITY - ST - ZIP	SAN JOSE, COSTA RICA	
4. TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	ORTUÑO, GERARDO	
43. STREET ADDRESS	MATRA, SANTA ANA	
44. CITY - ST - ZIP	SAN JOSE, COSTA RICA	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
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)(k), 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, the receiver or trustee empowered to execute this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS GAMBOA

SECRETARY

4-22-96

599-1644

Daytime Phone #

CR2E034 (12/95)