FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT**

CORPORATION **ANNUAL REPORT**

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96929 (7)

FILED Mar 02 1998 8:00am Secretary of State

META	LS INTERNATIONAL, INC.							
Principal Place	n of Rusinoss	Mailing Address					COLUMNIC DE	i Bibil Bibil Habi
4881 NW 19		4881 NW 192 ST						
MIAMI FL 3		MIAMI FL 33055						
US		US				DO NOT WRITE IN THIS SPACE		
					•	3. Date Incorporated or Qualified		t
	·					08/25/1982		
-	lace of Business	2a. Mailing Address	·¬			4. FEI Number	Applied For	
Suite, Apt. #, etc		26 Suite Apt # etc	Suite, Apt. #, etc.		59-2460708	Not Applicable \$8.75 Additional		
22		27 Suite, Apr. W, etc.	-n ' ' '		5. Certificate of Status Desired		Required	
City & State			City & State		6. Election Campaign Financing		0 Мау Ве	
23		ł, ´	28		Trust Fund Contribution		d to Fees	
Zip	Country	7 (p)	Cou	intry		8. This corporation owes or has paid the		
24	25	29	30			Personal Property Tax due June 30.	☐ Yes	□ No
	g, Name and Address of Curren	l Registered Agent				10. Name and Address of New Registers	d Agent	
8	SIERRA, MARIO			81	Name			i i
4	881 N.W. 192 STREET			B2	Street Add	t Address (P.O. Box Number is Not Acceptable)		
N	IIAMI FL 33055			Ш				
				83				
				84	City	·····	. 85 Zip	p Code
					-			1
11. Pursuant office or ragent La	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obliga	? and 607,1508, Florida Statut of Florida Such change was a utions of Section 607,0505, Fl	es, the a authorize orida Sta	bove d by tutes.	-named cor the corpora -	rporation submits this statement for the purpose ation's board of directors. I hereby accept the e	ppointment a	its registered
SIGNATURE	Signature, typed or printed name of registered ages		4 Deciman		alanot iso san	uirad when reinstating) DATE		
12.	OFFICERS AND		13.	a Ager	u aidunatore undi	ADDITIONS/CHANGES TO OFFICERS A		DBS IN 12
TITLE	P	DELETE	1.1 TITLE			ADDITIONO OF TAKEN	☐ Change	
NAME	0.000		1.2 N		1		_ •	_ [;
STREET ADDRESS	4881 N.W. 192 STREET		1.3 STREET ADDR		ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP				
TITLE				ITLE			Change	Addition C
NAME		2.2		AME				
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS			1
CITY-ST-ZIP			2 4 CITY-5		1-ZIP			
TITLE	DE		3.1 TI	3.1 TITLE		•	☐ Change	e 🔲 Addition
NAME			3.2 N	AME		a*		1
STREET ADDRESS			3.3 \$	TREET	adoress			1
CITY-ST-ZIP			3.4. (CITY-S	T-ZIP			
TITLE		DELETE	4.1 1	ITLE		•	Change	e
NAME				MAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • •		4.4 CITY - ST - Z		-ZIP			
TITLE		DELETE		5.1 TITLE			Change	e 🔲 Addition
NAME			; 5.2 N					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP				ITY-ST	I-ZIP		0	Addition
TITLE		DELETE	6.1 T				Change	e 🔲 Addition
NAME			6.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			6.4 C	ITY-ST	r-zip			

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 further certify that the information indicated on this annual report or supplemental annual report is jude 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 of the receiver of the executed 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