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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H86573

(3)

Corporation Name:

METRO MESSENGER, INC.

(3

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FILED
May 07 1997 8:00am
Secretary of State



1	ce of Business	Mailing Address				- 1 100/07H B101 JUHO 4NAOT 0FHU 10009 NIN	minis minis 212.		
1995 NE 142ND STREET NO. MIAMI FL 33181 US			1995 NE 142ND STREET NO. MIAMI FL 33181-1505 US						
						3. Date incorporated or Qualified 11/21/1985	3a. Date 06/12	of Last F 2/1996	Report
F1 .	Prace of Business	2a. Mailing Address				4. FEI Number			pplied For
Suite, Apt	M. A. C.	26				59-2623061			ot Applicable
22	W. EtC	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
23 Stn	te	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Col	untry		8. This corporation has liability for i	intangible ta		
24	25	29	30			Florida Statutes	Yes 🛄	No	
	g. Name and Address of Cur	rent Registered Agent		ļ.,		10. Name and Address of New Re	gistered Ag	ent	
ZILI	BEN, SIGMIND			81	Name				
1995 NE 142 ST #101			82 St		Street Addre	ess (P.O. Box Number is Not Acceptab	ile)		
	MAMI FL 33181			83	··· · · · · · · · · · · · · · · · · ·			•	
				84	City			85 Zip	Code
L					•				
l		ligations of, Section 607.0505,	Florida Sta	tutes	i.	oration submits this statement for the p on's board of directors. I hereby accep	n tric appor	inioni ga	registered
SIGNATURE	Say your hyped or priored name of registered	agent and title it applicable (N	OTE: Registere	ed Ager	nt signature require	ed when reinstating)	DATE		
SIGNATURE		agent and title it applicable (N AND DIRECTORS	OTE: Registere	<u>`</u>	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE		RECTOR	RS IN 12
	OFFICERS .	· · · · · · · · · · · · · · · · · · ·			nt signature require	· · · · · · · · · · · · · · · · · · ·	ERS AND D	IRECTOR	
12.	OFFICERS. PD STEINBERG, EDWARD	AND DIRECTORS	13.	ITLE	nt signature requirer	· · · · · · · · · · · · · · · · · · ·	ERS AND D		
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12. TILLE NAME STHEEL ADDRESS CHY-SL-761	PD STEINBERG, EDWARD 1995 NE 142ND ST. N. MIAMI FL	AND DIRECTORS DELETE	13. 111 12N 13S 14C	ITLE IAME STREET A	ADDRESS	· · · · · · · · · · · · · · · · · · ·	ERS AND D] Change	Addition
12. III.F NAME STREET ADDRESS CHY-SE-ZO: TELF	PD STEINBERG, EDWARD 1995 NE 142ND ST. N. MIAMI FL STD	AND DIRECTORS	13. 11T 12N 13S 14C 21T	ITLE IAME STREET A	ADDRESS	· · · · · · · · · · · · · · · · · · ·	ERS AND D		Addition
12. III.F NAME STREET ADDRESS GRY-ST-ZP THUE NAME	PD STEINBERG, EDWARD 1995 NE 142ND ST. N. MIAMI FL STD ZILBER, SIGMUND	AND DIRECTORS DELETE	13. 117 12N 13S 14C 21T	ITLE IAME STREET A STITY-ST ITLE IAME	ADDRESS 1-Zip	· · · · · · · · · · · · · · · · · · ·	ERS AND D] Change	Addition
12. III.F NAME STHEEL ADDRESS GRY-SL-ZP TELF NAME STREEL ADDRESS	PD STEINBERG, EDWARD 1995 NE 142ND ST. N. MIAMI FL STD ZILBER, SIGMUND 1995 NE 142ND ST.	AND DIRECTORS DELETE	13. 11 T 12 N 13 S 14 C 21 T 22 N 23 S	ITLE IAME TREET I ITLE IAME IAME	ADDRESS I-ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·	ERS AND D] Change	Addition
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12. THE NAME STREET ADDRESS CHY-SE-ZE THE NAME STREET ADDRESS CHY-SE-ZE FILE	PD STEINBERG, EDWARD 1995 NE 142ND ST. N. MIAMI FL STD ZILBER, SIGMUND 1995 NE 142ND ST. N. MIAMI FL VP	AND DIRECTORS DELETE	18. 11 T 12 N 13 S 14 C 21 T 22 N 23 S 2.4 C 3.1 T	ITLE IAME STREET A STY-ST STLE IAME STREET A STREET A STREET A	ADDRESS I-ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·	ERS AND D] Change	Addition
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4. I do 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 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 travele 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 attraction with an address.

SIGNATURE:

JONA LUNE AND LYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 9

TYYYYY Dayime Phone II