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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 MAY -1 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K69857

1. Corporation Name
METSCH & METSCH, P.A.

Principal Place of Business	Mailing Address
19 W. Flagler St. Suite 414 Miami, FL 33130	19 W. Flagler St. Suite 414 Miami, FL 33130

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

2. Principal Place of Business: 1385 NW 15th St.	2a. Mailing Address: 1385 NW 15th St.	4. FEI Number: 65-0102605	☐ Applied For ☐ Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23. City & State: Miami, Florida	28. City & State: Miami, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24. Zip: 33125 25. Country: USA	29. Zip: 33125 30. Country: USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

Lawrence R. Metsch
19 W. Flagler St.
Suite 414
Miami, FL 33130

10. Name and Address of New Registered Agent

81 Name: Benjamin R. Metsch
82 Street Address (P.O. Box Number is Not Acceptable): 1385 NW 15th St.
83
84 City: Miami FL 85 Zip Code: 33125

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 _____ 4/27/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P.D	☐ DELETE	1.1 TITLE	P.D	☑ Change ☐ Addition
NAME	Lawrence R. Metsch		1.2 NAME	Lawrence R. Metsch	
STREET ADDRESS	19 W. Flagler St., Ste 414		1.3 STREET ADDRESS	1385 NW 15th St.	
CITY-ST-ZIP	Miami, Florida 33130		1.4 CITY-ST-ZIP	Miami, FL 33125	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	Benjamin R. Metsch		2.2 NAME	Benjamin R. Metsch	
STREET ADDRESS	19 W. Flagler St., Ste 414		2.3 STREET ADDRESS	1385 NW 15th St.	
CITY-ST-ZIP	Miami, FL 33130		2.4 CITY-ST-ZIP	Miami, FL 33125	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 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 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: _____ 4/27/98 (305) 358-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #