

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

FILED

Jan 28 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # K78325****(3)**1. Corporation Name
MATIRE-SAFRAN INC.

Principal Place of Business

**C/O JOSEPH MATIRE
22303 THOUSAND PINES LANE
BOCA RATON FL 33428**

Mailing Address

**C/O JOSEPH MATIRE
22303 THOUSAND PINES LANE
BOCA RATON FL 33428-3802**

2. Principal Place of Business

**21 22775 ST. Rd. &
Suite, Apt. #, etc****22 City & State
Boca Raton, FL****23 Zip 33428 Country
Palm Bch**

2a. Mailing Address

**26 22615 SW 66th Ave.
Suite, Apt. #, etc****27 Ste #206
City & State
Boca Raton, FL****28 Zip 33428 Country
Palm Bch**

3. Date Incorporated or Qualified

04/01/1989

3a. Date of Last Report

01/23/1996

4. FEI Number

65-0107814

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

**JOSEPH MATIRE
C/O COMPUKEEPER, INC.
1580 N W 2ND AVE., STE. 1
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE**NAME
MATIRE, JOSEPH
STREET ADDRESS
22303 THOUSAND PINES LN.
CITY - ST - ZIP
BOCA RATON FL**TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition**1.2 NAME
22615 SW 66th Ave. Ste 208
1.3 STREET ADDRESS
Boca Raton, FL 33428
1.4 CITY - ST - ZIP**2.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. 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 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

Joe Matire**President****1/14/97****561-368-7769**

Date Daytime Phone #

CR2E034 (9/96)