


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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M07491 (7)
1. Corporation Name
METROTEC, INC.

Principal Place of Business % FERNANDO ZULUETA 6262 BIRD RD. STE 3C MIAMI FL 33155	Mailing Address % FERNANDO ZULUETA 6262 BIRD RD. STE 3C MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o 5200 Blue Lagoon Dr. Suite, Apt. #, etc. 22 Suite 700 City & State 23 Miami, Florida Zip 24 33126 Country		2a. Mailing Address 26 c/o 5200 Blue Lagoon Dr. Suite, Apt. #, etc. 27 Suite 700 City & State 28 Miami, Florida Zip 29 33126 Country		3. Date Incorporated or Qualified 11/07/1984	
				4. FEI Number 59-2500630 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ZULUETA, FERNANDO
6262 BIRD RD, STE 3C
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name Miami Corporate Systems, Inc.	85 Zip Code 33126
82 Street Address (P.O. Box Number is Not Acceptable) 5200 Blue Lagoon Drive	
83 Suite 700	
84 City Miami	FL

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

Ramon E. Rasco, President

4/23/98

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

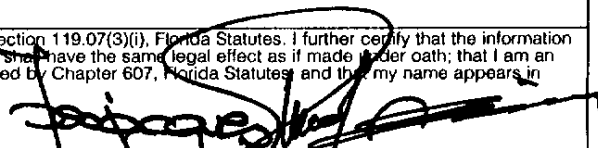
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZULUETA, FERNANDO 6262 BIRD RD, STE 3C MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ORRIGLES, ALINA J 6262 BIRD ROAD, SUITE 3C MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP GILLIERON, MICHEL RICHARD c/o 5200 Blue Lagoon Dr. #700 Miami, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DS DESJACQUES, JEAN-PIERRE c/o 5200 Blue Lagoon Dr. #700 Miami, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DT GILLIERON, RENE ERNEST c/o 5200 Blue Lagoon Dr. #700 Miami, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:



CR2E034 (10/97)