

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M26601 (8)**  
1. Corporation Name  
**MTR, INC.**



Principal Place of Business: **2900 LEJEUNE RD CORAL GABLES FL 33134**  
Mailing Address: **P.O. BOX 144888 CORAL GABLES FL 33114-4888**

3. Date Incorporated or Qualified: **01/29/1986**  
3a. Date of Last Report: **03/21/1995**  
4. FEI Number: **59-2626279**  
Applied For:  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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country  
25. Zip Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip Country  
30. Zip Country

9. Name and Address of Current Registered Agent  
**CASTRO, GERMAN  
2900 LEJUNE RD  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: <b>P/T</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: <b>CASTRO, GERMAN O.</b>		1.2 NAME	
12.3 STREET ADDRESS: <b>737 PARADISO AVE</b>		1.3 STREET ADDRESS	
12.4 CITY-ST-ZIP: <b>CORAL GABLES FL 33148</b>		1.4 CITY-ST-ZIP	
12.5 TITLE: <b>VPS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: <b>MARIA D CASTRO</b>		2.2 NAME	
12.7 STREET ADDRESS: <b>737 PARADISO AVE</b>		2.3 STREET ADDRESS	
12.8 CITY-ST-ZIP: <b>CORAL GABLES FL 33148</b>		2.4 CITY-ST-ZIP	
12.9 TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME:		3.2 NAME	
12.11 STREET ADDRESS:		3.3 STREET ADDRESS	
12.12 CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
12.13 TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME:		4.2 NAME	
12.15 STREET ADDRESS:		4.3 STREET ADDRESS	
12.16 CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
12.17 TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME:		5.2 NAME	
12.19 STREET ADDRESS:		5.3 STREET ADDRESS	
12.20 CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
12.21 TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME:		6.2 NAME	
12.23 STREET ADDRESS:		6.3 STREET ADDRESS	
12.24 CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *German O. Castro* *Maria D. Castro* 2/1/96 (305) 444-1744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)