

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

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**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M26601 (8)

1. Corporation Name
MTR, INC.



Principal Place of Business: **2900 LEJUNE 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: **02/06/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2626279		Not Applicable	
22		27		6. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CASTRO, GERMAN 2900 LEJUNE RD CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T	1 1 TITLE	Change Addition
NAME	CASTRO, GERMAN O.	1 2 NAME	
STREET ADDRESS	737 PARADISO AVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	1 4 CITY-ST-ZIP	
TITLE	VPS	2 1 TITLE	Change Addition
NAME	MARIA D CASTRO	2 2 NAME	
STREET ADDRESS	737 PARADISO AVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	Change Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	Change Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	Change Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	Change Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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

Maria D Castro

1-24-97 3054441744

Date

Daytime Phone

CR2E034 (9/96)