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

PROFITæ . ∗_⊊. CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90023 015 ***150.00

DOCU 1. Corporatio									
MTR,									
,,									
Principal Plac 2900 Le Coral Ga	d, # 919 51		DO NOT WRI	TE IN THIS S	SPACE				
					3. Date Incorporated or Qualifed				1
	 	T			1/29/86				
Principal Place of Business Section Principal Place of Business		2a. Mailing Address 26 2900 LeJeune Road			4. FEI Number 5926292-79			plied For t Applicable	\cdot
Suite, Apt. #, etc. Suite, Apt. #, etc.		. ROAQ				\$8.75 A		1	
22 27					5. Certifcate of Status Desired		Fee Re		
City & Stat	e	City & State			_6Election Campaign Financing	· — 	_\$5.00-	May-Bs	<u> </u>
23		28 Coral Gables			Trust Fund Contribution	<u> </u>	Added to	o Fees]
Zìp	Country	^{Zip} 33134	Country USA	, Ì	8. This corporation owes the curr				Ì
24	25	29 30	0 032	<i>1</i>	Personal Property Tax.			□Mo	-
	9. Name and Address of Current	Registered Agent	81 Nan	ne	10. Name and Address of New I	registered A	Jeur		ĺ
GERMAN									
2900 LeJeune Road			82 Stre	et Addres	s (P.O. Box Number is Not Accepta	able)			
Coral (Gables, Florida 33134	<u>,</u>	83		······································				1
			84 City				85 Zip C		}
			04 City			<u>F</u> L	65 Zip C		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607,1508, Florida Statutes,	the above-name	ed corpora	ation submits this statement for the	purpose of ch	langing its	registered	ĺ
	m familiar with, and accept the obligation			poration	a board or directors. I hereby accep		nent as reg	gistorou	
SIGNATURE									
12.	Signature, typed or printed name of registered agent OFFICERS AND		gistered Agent signatu	ne rednitea w	ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12	g g
TITLE	VP/S	☐ DELETE	1.1 TITLE	P/	S/T/D		Change	Addition	(11/98)
- NAME	German O.Castro	•	1.2 NAME	Ger	man O. Castro				1
STREET ADDRESS			1.3 STREET ADDRE	ss 290	0 LeJeune Road				F034
CITY-ST-ZIP	737 Paradiso Avenue Coral Cables, Flori	da 33146	1.4 CITY-ST-ZIP	Cor	<u>al Cables, Florida</u>	33134			8
TITLE		☐ DELETE	2.1 TITLE	1			Change	Addition	\ C
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRE	ss					
CITY-ST-ZIP		- DELETE	2.4 CITY-ST-ZIP				Change	-[-] Addition	ł
NAME		IJIDELE IE	3.2 NAME	-	The state of the s		☐ Change	~[~] Addition.	-
STREET ADDRESS		ļ	3.2 NAME 3.3 STREET ADDRE	l 22					
CITY-ST-ZIP			3.4. CITY-ST-ZIP	~					
TITLE		☐ DELETE	4.1 TITLE	<u> </u>			Change	☐ Addition	ĺ
NAME			4. 2 NAME						ĺ
STREET ADDRESS			4.3 STREET ADDRES	ss					
CITY-ST-ZIP			4.4 CITY-ST-ZIP			<u>.</u>			i
TITLE			5.1 TITLE			į	Change	Addition	
NAME			5.2 NAME						i
STREET ADDRESS			5.3 STREET ADDRES	SS				ĺ	
CITY-ST-ZIP		□ DÉLETE	5.4 CITY-ST-ZIP 6.1 TITLE	 			Change	Addition	
TITLE NAME		□ nere ie	6.2 NAME		•	L			
STREET ADDRESS		ρ	6.3 STREET ADORES	ss					
~ WEEL VENDINGS			· · · ·	,				1	

des not qualify fer the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information this true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an improvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual report for supplemental annual report for director of the corporation or the receiver or thus Block 12 or Block 13 if changed, or on an attachment with

6.4 CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR GERMAN O. CASTRO, PRES.