

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. McHugh
Secretary of State
1995

APPROVED
AND
FILED
MAY 1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M50648** (8)

MATRAIL CORPORATION

C/O PENINSULA REGISTERED AGENTS, INC.
200 SE 1ST ST., REF. 14297-07
MIAMI FL 33131

3. Date of incorporation: **04/21/1987**
3a. Date of last report: **04/05/1994**
4. FCI Number: **59-5283464 59-2823464**
5. Certificate of Status Request: \$8.75 Additional Fee Required
6. Director Campaign Financing Report Filed Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for outstanding tax under 56199.0317 Florida Statutes: Yes No

21. **c/o Holland & Knight**
22. **701 Brickell Avenue**
23. **Miami, FL**
24. **33131** 25. **USA**
26. **c/o Holland & Knight**
27. **701 Brickell Avenue**
28. **Miami, FL**
29. **33131** 30. **USA**

9. Name and Address of Current Registered Agent
PENINSULA REGISTERED AGENTS, INC.
200 SE 1ST ST.
REF. 14297-07
MIAMI FL 33131

10. Name and Address of New Registered Agent
B1. Name: **Intrastate Registered Agent Corporation**
B2. Street Address: **701 Brickell Avenue**
B3. **Suite 3000**
B4. City: **Miami** B5. State: **FL** B6. Zip: **33131**

11. I, the undersigned, being a resident of this state, do hereby certify that the above named corporation is duly organized under the laws of this state and is in good standing. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of this corporation.
INTRASTATE REGISTERED AGENT CORPORATION
By: *[Signature]* Date: **3/9/95**

12. OFFICERS AND DIRECTORS

NAME	D MCALLISTER, ALVARO 1925 BRICKELL AVE.#D1108 MIAMI FL
NAME	DVP MCALLISTER,CARLOS 1925 BRICKELL AV #D1108 MIAMI FL
NAME	D DE GUTIERREZ, SYLVIA 1925 BRICKELL AV #D1108 MIAMI FL
NAME	D MCALLISTER, ROBERTO 1925 BRICKELL AVE #D1108 MIAMI FL
NAME	D DE RODRIGUEZ, JUANA 1925 BRICKELL AV #D1108 MIAMI FL

13. ADDITIONAL OFFICERS AND DIRECTORS

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information contained within this filing is substantially true and correct in all material respects. I am a resident of this state and that my signature shall have the same legal effect as if made under oath. This filing is effective as of the date of filing. I understand that the filing of this report is a public record and that it may be inspected and copied by any person at any time and place.

SIGNATURE: *[Signature]*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 305 592-3146