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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M50648

1. Corporation Name
MATRAIL CORPORATION



Principal Place of Business % STEVEN H. HAGEN. ESQ. 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131 US	Mailing Address % STEVEN H. HAGEN. ESQ. 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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3. Date Incorporated or Qualified 04/21/1987	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2823464	
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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCALLISTER, ALVARO	
STREET ADDRESS	1925 BRICKELL AVE. #D1108	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCALLISTER, CARLOS	
STREET ADDRESS	1925 BRICKELL AV #D1108	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE GUTIERREZ, SYLVIA	
STREET ADDRESS	1925 BRICKELL AV #D1108	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAGEN, STEVEN H	
STREET ADDRESS	701 BRICKELL AVENUE., STE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE RODRIGUEZ, JUANA	
STREET ADDRESS	1925 BRICKELL AV #D1108	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCALLISTER, ROBERTO	
STREET ADDRESS	1925 BRICKELL AVE., #D1108	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCALLISTER, ALVARO	
1.3 STREET ADDRESS	1925 BRICKELL AVE., #D1108	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCALLISTER, CARLOS	
2.3 STREET ADDRESS	1925 BRICKELL AVE., #D1108	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DE GUTIERREZ, SYLVIA	
3.3 STREET ADDRESS	1925 BRICKELL AVE., #D1108	
3.4 CITY-ST-ZIP	MIAMI, FLORIDA	
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HAGEN STEVEN H.	
4.3 STREET ADDRESS	701 BRICKELL AVE., #3000	
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MCALLISTER, ROBERTO	
6.3 STREET ADDRESS	1925 BRICKELL AVE., #D1108	
6.4 CITY-ST-ZIP	MIAMI, FLORIDA	

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, with all other like empowered.

SIGNATURE: _____ Date: **3/1/99** Daytime Phone #: **305-789-7758**

CR2E034 (11/98)